

***United States Court of Appeals
for the Second Circuit***



APPENDIX

74-1267

No. 74-1267

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*Per San Bury
By more*

IN THE UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

WILLIAM HARRINGTON,

Appellant,

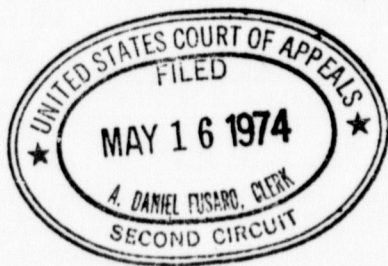
v.

ROBERT FINCH, Secretary of Health,
Education and Welfare,

Appellee.

ON APPEAL FROM THE UNITED STATES DIS-
TRICT COURT FOR THE NORTHERN DISTRICT
OF NEW YORK

APPENDIX FOR APPELLANT



CARLETON B. LAIDLAW, JR.
Attorney for Appellant
Office & Post Office Address
202 North Townsend Street
Syracuse, New York 13203
Telephone No. (315) 472-6388

PAGINATION AS IN ORIGINAL COPY

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

WILLIAM HARRINGTON
Plaintiff-Appellant

vs

ROBERT FINCH, Secretary of the Department
of Health, Education and Welfare
Defendant-Appellee

cite R63, page

Northern District of
New York
Civil No. 70-CV-106

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

WILLIAM HARRINGTON,

Plaintiff

- vs -

ROBERT FINCH, SECRETARY OF HEALTH,
EDUCATION & WELFARE,

Defendant

Civil No. 70-CV-106

ANSWERING AFFIDAVIT

STATE OF NEW YORK)
COUNTY OF ONONDAGA) SS.:

I, WILLIAM HARRINGTON, being duly sworn, depose and say:

1) I reside at 5931 McKinley Road, Brewerton, New York, and am the Plaintiff in the above action. I am fifty-two (52) years old and completed the seventh grade in school. I was in the Navy in World War II and last worked in 1961 as a porter.

2) I have been unable to work since 1961 due to continually recurring ear and neck infections and other problems.

3) On July 24, 1967, I filed an application for disability benefits under the Social Security Act at the Social Security Administration's District Office at 840 James Street, Syracuse, New York.

4) On October 25, 1967, my application was denied. I went back to the Social Security Office and a lady there helped me fill out a request for a reconsideration of my application.

5) On or about March 27, 1968, I received a two-page letter from the Social Security Administration in Baltimore telling me that my application for disability benefits was still denied (Exhibit "1", Mr. Erisman's Affidavit). There was something in the letter about requesting a hearing, but I didn't have a lawyer representing me then and I wasn't quite sure what I should do.

R30

6) I did nothing until December 4, 1968, when I went back to the Social Security Office to see what I should do. A lady there told me I should fill out a new application. This I did with her help. I told her I had no new information to present but she told me I should submit the new application anyway.

7) On February 19, 1969, my new application was denied. I went back to the Social Security Office and a lady there helped me fill out a request for a reconsideration of my application. In my request I stated I had no new medical evidence to submit for the period prior to June 30, 1965. (Exhibit "1", this Affidavit).

8) On June 22, 1969, I was informed that my request for a reconsideration of my application had been denied, and, on August 20, 1969, with the help of Attorney George T. Dunn of the Onondaga Neighborhood Legal Services, I requested a hearing before a Social Security Hearing Examiner.

9) On December 18, 1969, Examiner Jacob Frides sent me his decision in which he held that I was not entitled to Social Security benefits and he also dismissed my claim because I did not ask for a hearing on my first application for disability benefits back in 1968. (Exhibit "3", Mr. Erisman's Affidavit).

10) On January 19, 1970, no longer being represented by Onondaga Neighborhood Legal Services, I went back to the Social Security Office and with the help of a lady there I requested a review of the Hearing Examiner's action. (Exhibit "2", this Affidavit).

11) On or about January 30, 1970, I got a letter from the Social Security Administration's Appeals Council in Washington, D.C. saying that Mr. Frides' decision was correct, but that I could have it reviewed by a court by starting an action in the U.S. District Court. (Exhibit "4", Mr. Erisman's Affidavit).

12) Since I have been totally disabled since 1961 and feel that the Hearing Examiner made an erroneous ruling in my case, I engaged the services of Attorney Carleton B. Laidlaw, Jr., 1803 State Tower Building, Syracuse, New York to institute this action.

13) I am now advised by Mr. Laidlaw that the Secretary of Health, Education & Welfare seeks to have my action dismissed because I failed to timely request a hearing back in 1968.

14) I don't understand all of this. On January 30, 1970, the Department of Health, Education & Welfare advised me that I was entitled to bring this action. Now they say that I am not entitled to bring this action. I feel the Department is being inconsistent and since in reliance on its letter of January 30, 1970 I engaged an attorney and brought this action, I feel I would be greatly prejudiced if the Department should now be able to have my action dismissed.

15) Finally, and most importantly, I do feel that the Hearing Examiner made an erroneous decision in my case. He held that only pre-June 30, 1965, evidence of disability would sustain my claim. I produced pre-June 30, 1965 evidence from my doctors that I was totally disabled. The Department produced little pre-June 30, 1965 evidence of its own to rebut this, but instead seemed to rely on more recent reports of government doctors. This seems improper to me. I do not feel that my pre-June 30, 1965, evidence was accorded its due and proper weight.

16) I have been totally disabled since 1961 and feel that I am rightfully entitled to Social Security disability benefits. On January 30, 1970, the Department of Health, Education & Welfare advised me that I could have my case reviewed by this Court. I

desire such a review, and respectfully request that the motion
to dismiss my action be denied.

William Harrington

WILLIAM HARRINGTON

Subscribed and sworn to before
me this 29th day of October, 1970

Lynn A. Castle

LYNN A. CASTLE
Commissioner of Beeds
City of Syracuse
My Commission Expires Dec. 31, 1970



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0562
(Do not write in this space)

REQUEST FOR RECONSIDERATION

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON
William Hareington

SOCIAL SECURITY CLAIM NUMBER
134-10-9523

NAME OF CLAIMANT
Jane

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)
Disability

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are: *I have not been able to work physically since 1961. I have had a long & painful illness the time, become disabled upon leaving work & suffer with pain upon the most violent of my still troubled mind. I cannot go to my left side.*

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (If none, write "None."):

None - I have no further medical evidence to submit for period prior to 6/30/65.

SIGNATURE OF WITNESSES ONLY		SIGNATURE (Write in Ink—First, Middle Initial, Last Name)	
If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.			
1. NAME		<i>William Hareington</i>	
ADDRESS (Number and Street, City, State and Zip Code)		MAILING ADDRESS (Number and Street, P.O. Box or Route)	
2. NAME		<i>Smoky Hollow Rd. R.D. 2</i>	
ADDRESS (Number and Street, City, State and Zip Code)		CITY AND STATE	ZIP CODE
		<i>Jamesville, N.Y.</i>	<i>13079</i>
		DATE (Month, Day, and Year)	TELEPHONE NUMBER
		<i>6/19/69</i>	<i>464-6142</i>

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER	INTERMEDIARY NAME AND NUMBER	SOCIAL SECURITY OFFICE ADDRESS



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Take or mail original and all copies to the District Office, Social Security Administration

CLAIMANT'S NAME <i>William Harrington</i>	CLAIM FOR <input checked="" type="checkbox"/> Entitlement to Disability Benefits (57) <input type="checkbox"/> Continuance of Disability Benefits (96) <input type="checkbox"/> Other
WAGE EARNER'S NAME	(Specify type claim)
SOCIAL SECURITY ACCOUNT NUMBER <i>134-10-4523</i>	

I disagree with the hearing examiner's action on the above claim and request that the Appeals Council, Bureau of Hearings and Appeals, review it. My reasons for disagreement are:

Mr. Brown's letter dated 2/27/70 of 1/10/70 in my claim file. Atty. Dunn is no longer representing me.

Attach to this form, or forward within 10 days to the Appeals Council at the address shown below, any evidence or supplemental statement you wish to submit.

I understand the Appeals Council may deny my request for review, but if it grants the request:

I ☒ wish ☐ do not wish to appear before the Appeals Council in Washington, D.C. at my own expense.

I ☐ wish ☒ do not wish to file a brief or further written statement.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)	
SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE <i>William Harrington</i>
STREET ADDRESS	STREET ADDRESS <i>5931 Franklin Blvd</i>
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE <i>Brentwood, MD 21029</i>
TELEPHONE NUMBER	DATE: <i>1/19/70</i> TELEPHONE NUMBER <i>694-2355</i>

Claimant should not fill in below this line

Is this request filed within 60 days of the hearing examiner's action? ☐ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the district office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Request for Review of Hearing Examiner's Action in this case was filed on the date shown and at the place indicated. The APPEALS COUNCIL will notify you of its action on your request.	Date request for review was filed <i>1/19/70</i>
	Place where request for review was filed <i>SSA DO Baltimore, MD</i>
	For the Social Security Administration
	BY (Signature) <i>E. B. Caspella</i>
	(Title) <i>CR</i>
Appeals Council Bureau of Hearings and Appeals, SSA P.O. Box 2518 Washington, D.C. 20013	(Street Address) <i>SSA</i>
	(City) <i>Baltimore</i>
	(State) <i>MD</i> (ZIP Code) <i>21201</i>

Form HA-520a (12-67)

CLAIMANT

ONLY COPY AVAILABLE

R63

William Harrington, Cl. & W/E
A/N. 134-10-9523

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William Harrington, Claimant, Wage Earner
Social Security Account No. 134-10-9523

Exhibit
No.

E X H I B I T S

Court
Transcript
No. of Page
Pages No.

1	Application for disability insurance benefits, filed July 24, 1967 by claimant	4	18-21
2	Disability determination by state agency dated October 23, 1967	2	22-23
3	Copy of letter dated October 25, 1967 to claimant from Bureau of Disability Insurance	2	24-25
4	Request for reconsideration filed January 4, 1968 by claimant	1	26
5	Disability determination by state agency dated March 22, 1968	2	27-28
6	Copy of notice of reconsideration determination dated March 27, 1968	2	29-30
7	Application for disability insurance benefits filed December 4, 1968 by claimant	4	31-34
8	Disability determination by state agency dated February 13, 1969	1	35
9	Copy of letter dated February 19, 1969 to claimant from administration		236-37
10	Request for reconsideration filed June 19, 1969 by claimant	1	38
11	Copy of Notice of Reconsideration Determination dated June 27, 1969 to claimant from administration	1	39
12	Application for social security account number filed March 10 (year not shown) by claimant	2	40-41
13	Earnings certification - P.I.A. determination certified August 1, 1967	1	42
14	Earnings certification, recertified December 11, 1968	1	43
15	Copy of honorable discharge certified July 26, 1967 by district office representative	2	44-45
16	Report of disability interview dated July 24, 1967 by district office representative	4	46-49
17	Letter together with attachment dated December 20, 1967 to district office from Bureau of Disability Determinations	3	50-52
18	Report of disability interview dated January 4, 1968 by district office representative	4	53-56

William Harrington, Claimant, Wage Earner
Social Security Account No. 134-10-9523

EXHIBITS

<u>Exhibit No.</u>		<u>Court Transcript</u>	
		<u>No. of Pages</u>	<u>Page No.</u>
19	Report of disability interview dated January 8, 1969 by district office representative	4	57-60
20	Report of continuing disability interview dated June 19, 1969 by district office representative	2	61-62
21	Report of contact dated June 19, 1969 by district office representative	1	63
22	Request for medical evidence dated July 25, 1967 from Crouse-Irving Hospital	1	64
23	Copy of clinical record covering period January 9, 1961 through January 17, 1961 from VAH, Syracuse, N.Y.	1	65
24	Copy of treatment and progress record covering period from January 22, 1961 through July 24, 1961, together with final summary dated October 2, 1961 from VAH, Syracuse, N.Y.	3	66-68
25	Copy of medical report from State University Hospital, covering period from February 13, 1967 through January 22, 1968	6	69-74
26	Copy of hospital summary covering period April 24, 1967 through May 25, 1967 from VA Hospital, Syracuse, N.Y.	1	75
27	Copy of clinical record covering period from June 2, 1967 through February 5, 1968 from VAH, Syracuse, N.Y.	6	76-81
28	Copy of letter dated May 27, 1959 to whom it may concern from Dr. Leo Baum	1	82
29	Copy of letter dated June 10, 1963 to VA, Syracuse, N.Y. from Dr. Leo Baum, Syracuse, N.Y.	1	83
30	Copy of letter to administration dated September 12, 1967 from Dr. Leo Baum	2	84-85
31	Medical report undated from Dr. Leo Baum, Syracuse, N.Y.	2	86-87
32	Report of contact dated September 27, 1967 from Bureau of Disability Determinations	1	88
33	Medical report from Dr. Leo Baum, dated January 3, 1969	3	89-91

William Harrington, Claimant, Wage Earner
Social Security Account No. 134-10-9523

EXHIBITS

<u>Exhibit No.</u>		Court Transcript	
		<u>No. of Pages</u>	<u>Page No.</u>
34	Professional Qualifications, Dr. Leo Baum	1	92
35	Letter dated February 7, 1968 together with attachment to Bureau of Disability Determinations from Dr. Harvey Hayman, Dewitt, N.Y.	6	93-100
36	Professional Qualifications, Dr. Harvey Hayman	1	101
37	Letter dated March 8, 1968 to Bureau of Disability Determinations from Dr. Sherwin S. Radin, Syracuse, N.Y.	1	102
38	Professional Qualifications, Dr. Sherwin S. Radin	1	103
39	Medical treatment and development summary	1	104
40	Copy of request for medical information from records of Veterans Administration, dated July 27, 1967	1	105
41	Medical treatment and development summary	1	106-107
42	Copy of request for medical information from records of Veterans Administration, dated December 16, 1968	1	108



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

January 30, 1970

BUREAU OF
HEARINGS AND APPEALS

REFER TO **HA:C**
194-10-9523

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mr. William Harrington
5931 McKinley Road
Brewerton, New York 13029

Dear Mr. Harrington:

Your request for review of the hearing examiner's decision has been carefully considered by the Appeals Council. The Council's consideration of your request has included all the evidence in your case, the law and regulations applicable to your claim, the hearing examiner's evaluation of the facts and the reasoning in his decision, and your reasons for believing your claim should be allowed.

The Appeals Council has concluded that the decision of the hearing examiner is correct. Further action by the Council would not, therefore, result in any change which would be of advantage to you. Accordingly, the hearing examiner's decision stands as the final decision of the Secretary in your case.

If you desire a review of the hearing examiner's decision by a court, you may commence a civil action in the district court of the United States in the judicial district in which you reside within sixty (60) days from this date. See section 205(g) of the Social Security Act, as amended (section 405(g), Title 42, United States Code). If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant.

Sincerely yours,

Lester Schuker
Lester Schuker
Member, Appeals Council

Jackson C. Smith
Jackson C. Smith
Member, Appeals Council

cc:
George T. Dunn, Esq.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

5

Take or mail original and all copies to the District Office, Social Security Administration

CLAIMANT'S NAME <i>William Harrington</i>	CLAIM FOR <input checked="" type="checkbox"/> Entitlement to Disability Benefits (97) <input type="checkbox"/> Continuance of Disability Benefits (98) <input type="checkbox"/> Other
WAGE EARNER'S NAME <i>W. H.</i>	(Specify type claim)
SOCIAL SECURITY ACCOUNT NUMBER <i>134-10-9523</i>	

I disagree with the hearing examiner's action on the above claim and request that the Appeals Council, Bureau of Hearings and Appeals, review it. My reasons for disagreement are:

See Ex. 28 & 29.1
Dr Baum's letter dated 5/27/59 & 6/10/63 in my
claim file. Atty Dunn is no longer representing me.

Attach to this form, or forward within 10 days to the Appeals Council at the address shown below, any evidence or supplemental statement you wish to submit.

I understand the Appeals Council may deny my request for review, but if it grants the request:

I ☒ wish ☐ do not wish to appear before the Appeals Council in Washington, D.C. at my own expense.

I ☐ wish ☒ do not wish to file a brief or further written statement.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE		CLAIMANT'S SIGNATURE <i>William Harrington</i>	
STREET ADDRESS		STREET ADDRESS <i>5931 MacKenley Road</i>	
CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE <i>Brewerton, NY 13029</i>	
TELEPHONE NUMBER	DATE: <i>1/19/70</i>	TELEPHONE NUMBER	<i>699-2355</i>

Claimant should not fill in below this line

Is this request filed within 60 days of the hearing examiner's action? ☐ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the district office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Request for Review of Hearing Examiner's Action in this case was filed on the date shown and at the place indicated.

The APPEALS COUNCIL will notify you of its action on your request.

Appeals Council
Bureau of Hearings and Appeals, SSA
P.O. Box 2518
Washington, D.C. 20013

Date request for review was filed <i>1/19/70</i>
Place where request for review was filed <i>SSA DO Syracuse, NY</i> For the Social Security Administration
BY (Signature) <i>E. H. Crissafulli</i>
(Title) <i>CR</i>
(Street Address) <i>SSA</i> <i>540 James St</i>
(City) <i>Syracuse, NY</i> (State) <i>NY</i> (ZIP Code) <i>13203</i>

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

6

NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision of the hearing examiner, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest district office ~~of the~~ Social Security Administration, with the hearing examiner, or with the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205(g) and 1869(b) of the Social Security Act.

This notice and enclosed copy of Hearing
Examiner's Decision mailed to the claimant ~~and~~
and his attorney, George T. Dunn, Esq.,
827 East Genesee St., Syracuse, N.Y., 13120
on December 18, 1969.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

7

NOTICE OF DISMISSAL

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed order of dismissal of the hearing examiner, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review with your local Social Security office, with the hearing examiner, or with the Appeals Council.

This notice and enclosed copy of hearing examiner's order of dismissal mailed to the claimant and his attorney, George T. Dunn, Esq., 827 East Genesee St., Syracuse, N.Y., 13120 on December 18, 1969.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS
ORDER OF DISMISSAL AND

8

HEARING EXAMINER'S/DECISION

In the case of

William Harrington

(Claimant)

William Harrington

(Wage Earner) (Leave blank if same as above)

Claim for

Period of Disability and
Disability Insurance Benefits

134-10-9523

(Social Security Account Number)

This case is before the undersigned hearing examiner upon a timely request for a hearing filed by the claimant's attorney, George T. Dunn, Esq., who disagrees with the determination of the Bureau of Disability Insurance, Social Security Administration, that claimant is not entitled to a period of disability or disability insurance benefits under the Social Security Act. In his request for a hearing, Mr. Dunn waived his and claimant's right to appear personally and requested that a decision be made on the evidence of record. Accordingly, the hearing examiner has selected those documents which are pertinent to this case and has entered them into the record as Exhibits 1 through 42.

The claimant filed his first application for a period of disability and disability insurance benefits on July 24, 1967. On October 25, 1967, the claimant was notified by the Bureau of Disability Insurance, Social Security Administration, that his application was denied. He requested reconsideration of this denial and was subsequently notified by letter dated March 27, 1968 that the original denial had been affirmed. This letter also advised claimant that if he believed the aforesaid reconsideration determination was incorrect, he could request a hearing before a hearing examiner of the Bureau of Hearings and Appeals and, if he wanted such hearing, he must request it not later than 6 months from the date of this notice (March 27, 1968). Claimant, however, did not request such hearing but, instead, filed his second disability application on December 4, 1968. In its letter dated February 19, 1969 to claimant, the aforesaid Bureau of Disability Insurance denied claimant's second application since it presented the same issues and same facts which were adjudicated previously without any request for hearing being filed by claimant. On June 19, 1969, claimant requested reconsideration. After reconsideration, the Bureau of Disability Insurance notified claimant by notice dated June 27, 1969 that the additional evidence and information presented the same issues,

facts and law previously considered in its decision of March 27, 1968, and therefore affirmed the denial. Thereafter, Mr. Dunn, claimant's attorney, filed a request for a hearing on August 20, 1969.

The claimant, in connection with his first application, stated that he was born February 22, 1918, had completed the 7th grade in school, and had last worked as a porter. He alleged that he became unable to work in 1961, at the age of 43 years, due to right ear drum trouble, swelling of left side of neck, and pain in left chest. In his second application, claimant alleged the same onset date of disability due to ulcers and hearing, chest, back, and leg conditions.

ISSUES AND LAW

The general issues before the hearing examiner are whether the claimant is entitled to a period of disability and to disability insurance benefits under sections 216(i) and 223, respectively, of the Social Security Act, as amended, and whether administrative res judicata is applicable. The specific issues are whether the claimant was under a "disability", as defined in the Act, as amended, and if so, when such disability commenced and the duration thereof; whether the earnings requirement of the Act is met for the purpose of entitlement; and whether the Administration's denial of claimant's first disability application is applicable to his second and current disability application filed on December 4, 1968. In this case, to meet the earnings requirement, claimant requires social security credits for 20 calendar quarters (5 years) of work during a 40 quarter period (10 years) ending in or after a quarter in which he was disabled. The claimant's earnings record shows that the earnings requirement of the Act was met at his alleged onset date of disability, and continued to be met through June 30, 1965, but not thereafter. Therefore, in order to be entitled to a period of disability or to disability insurance benefits, it is necessary for the claimant to establish that he was under a "disability" from a time that he met the earnings requirement and that such "disability" continued up until at least 14 months prior to the filing of his second application, December 4, 1968.

Section 216(i) of the Social Security Act provides for the establishment of a period of disability and section 223 of the Act provides for the payment of disability insurance benefits where the requirements specified therein are met.

Section 223(d)(1) of the Social Security Act, as amended, defines "disability" as "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." Section

223(d)(2)(A) provides that "an individual ... shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual), 'work which exists in the national economy' means work which exists in significant numbers either in the region where such individual lives or in several regions in the country."

Section 223(d)(3) states: "For purposes of this subsection, a 'physical or mental impairment' is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques."

SUMMARY AND EVALUATION OF EVIDENCE

In connection with his first disability application, claimant indicated that he served in the U.S. Navy from January 12, 1944 to December 8, 1945; he worked as an inspector of die castings for washing machines from 1948 to 1953 and as a porter, sweeping floors, washing windows, machinery, pots, pans, etc. from June 1959 to December 8, 1961. He further indicated that he was discharged by his employer in December 1961 after his ear pain slowed him down and prevented him from working in a cooler. Claimant did not describe the work he did between 1953 and 1959 for which earnings were credited to his social security account. He further reported that he lived in a rented home with his wife and three sons; he required no assistance with his personal needs; he helped his wife with meals and dishwashing; and he rested during the day because he had little rest at night. He received public assistance. He drove to the interviews held in the social security district office in Syracuse, New York.

The medical evidence in connection with claimant's first disability application consisted of reports from Syracuse Veterans Administration Hospital (Syracuse VAH) covering inpatient treatment from January 9, 1961 to January 17, 1961 and April 24, 1967 to May 25, 1967 and outpatient treatment during the periods January 23, 1961 to October 2, 1961 and June 2, 1967 to July 24, 1967; from Dr. Leo Baum, a general practitioner, covering his treatment of claimant from 1954 to September 1967; from Dr. Harvey Hayman, an internist, covering his examination of claimant on February 6, 1968 at the request of the state agency jointly administering the social security disability program with the Social Security Administration; and from Dr. Sherwin S. Radin, a Board-certified psychiatrist, covering his examination of claimant on March 7, 1968 at the state agency's request. Briefly, these records showed that claimant began to have right ear pain and drainage in 1952.

This condition was treated conservatively until he underwent a right myringoplasty and skin graft on January 11, 1961 at Syracuse VAH from which he was discharged on January 17, 1961 in an improved condition. Final diagnosis at this time was perforated tympanic membrane, right ear. Claimant was thereafter periodically followed at the Syracuse VAH Clinic from which he was discharged on October 2, 1961 at which time his middle ear was clear; there was no evidence of infection; and mastoid films were unremarkable.

Prior to the aforesaid hospitalization, claimant also had operations and excisions of chronic inflammatory nodes apparently in the left neck area with no evidence of lymphoma or malignancy. In May 1959, Dr. Baum reported that claimant had very frequently recurring neck and face infections for the previous five years, lasting usually two to three days and leaving claimant weak. Dr. Baum stated that his tentative diagnosis of congenital (teratological) cysts with incomplete fistulas could not be verified despite surgery and many examinations by specialists. Dr. Baum also reported that claimant suffered from an old, recurrent otitis media of the right ear which usually cleared up under large doses of penicillin; also, from pain in muscles and joints, possibly the result of a focal infection, such as chronic mastoiditis or pus retention in fistulas; and from angina pectoris elicited by any undue exertion. Dr. Baum then considered claimant as unemployable. On June 10, 1963, Dr. Baum stated that claimant was suffering from a chronic inflammation with frequent flare-ups, manifested by a discharge from the right ear and swelling of the left side of the neck. He added that claimant's symptoms of arthritis, sciatica, muscle spasms and angina pectoris were the results of the aforesaid focal infection. He concluded that claimant was employable only in a very limited way which, in his opinion, made claimant "totally and permanently disabled."

On April 24, 1967, claimant was again admitted to Syracuse VAH for a perforated tympanic membrane of the right ear. A right myringoplasty was performed on May 23, 1967. He was discharged on May 25, 1967 and was thereafter followed up in the Ear Clinic at Syracuse VAH until November 21, 1967 when he underwent a tympanoplasty. On September 12 and 14, 1967, Dr. Baum reported the same symptoms and medical conditions that he had previously described. On September 27, 1967, Dr. Baum again stated that claimant's infection pattern went back to the 1950's; in recent years, claimant also had chest pain which he considered to be angina due to exertion but all EKG's thus far were normal.

Dr. Hayman, an internist, reviewed claimant's medical history and symptoms and performed physical and neurological examinations of claimant on February 6, 1968 plus electrocardiogram, complete blood count, and chest Xray. In his detailed report, Dr. Hayman noted, among other things, that claimant could hear normal conversational voice. He believed that claimant had chronic right otitis media with perforation of right eardrum and probable cholesteatoma on the right; this ear disease was minimal; and there was no evidence of disease in the left neck or of cardiopulmonary disease.

Dr. Hayman further believed that claimant's symptoms were "all out of proportion to any organic disease" and that claimant had a severe anxiety neurosis which had been "disabling" for the previous several years. He recommended that claimant have a psychiatric consultation with view toward treatment. Accordingly, claimant was then seen on March 7, 1968 by Dr. Radin, a Board-certified psychiatrist. Dr. Radin reviewed claimant's medical history. He noted claimant's ability to understand in a coherent and logical fashion; his appropriate responses to ideation and affect; orientation in all spheres; absence of delusions or hallucinations; occasional tension but not to any great degree; denial of fears and depressions; a primary somatic focus; and suggestions of strong repression of rage and hostility which probably found a somatic outlet in claimant's symptoms. Dr. Radin's diagnosis was psychosomatic reaction. He recommended that claimant should receive psychotherapy in an attempt to enable him to release repressed hostility and aid him in the differentiation between assertion and aggression. He expected moderate improvement in personal, social and vocational areas in a moderate period of time with possibly rapid results following adequate therapy.

The medical evidence in connection with claimant's second disability application consisted of physician's records from State University Hospital Upstate Medical Center covering its periodic outpatient treatment of claimant from February 13, 1967 to January 22, 1968; clinic records from Syracuse VAH covering its periodic examinations and treatment of claimant from November 29, 1967 to February 5, 1968 and a further report and letter dated February 4, 1969 from Dr. Baum. In its aforesaid physician's records, the State University Hospital noted that claimant was seen on February 13, 1967 for a chronic right ear problem and was then referred to [Syracuse] VAH. From July 1967 to January 1968, claimant was seen periodically for chest and left neck pain. A Master's test in July 1967 and cervical spine Xray in September 1967 were negative. The examining physician at the State University Hospital noted that claimant complained of chest pain while at rest or on any exertion. The physician doubted myocardial difficulty and found no cause for claimant's neck pain although he raised the question of cervical syndrome.

According to the clinic records of Syracuse VAH, claimant complained on November 29, 1967 of mild persistent pain in his right ear especially when exposed to cold air. The examining physician felt that claimant had a significant functional overlay and his impression was that claimant's tympanoplasty was healing. On February 5, 1968, the clinic physician reported no drainage and no pain in right ear. There was no record of any further clinic visits after February 5, 1968. In his letter of February 4, 1969, Dr. Baum reported no change in claimant's condition since his previous report except that there had been additional examinations by Dr. Richard Weisskoff who found a spastic condition of the stomach and duodenum on the basis of Xrays. Dr. Baum added that claimant continued to present the same symptoms and findings described by him in his report of September 12, 1967.

It was his opinion that claimant was unable to hold any kind of a job and that claimant "should be considered 100% disabled."

During the course of his various interviews by Administration representatives, claimant first began to report weight loss in reference to his second disability application. On January 8, 1969, he reported his height as 5'6" and weight as 140 pounds, down 28 pounds. On June 19, 1969, he said his weight had dropped from 168 to 138 pounds. The State University Hospital reported claimant's weight as follows: February 13, 1967, 158 pounds; July 17, 1967, 153; September 25, 1967, 151; October 2, 1967, 148; January 22, 1968, 155. On February 6, 1968, Dr. Hayman found claimant to be 5'5 $\frac{1}{2}$ " tall and to weigh 154 pounds. Claimant also first reported stomach pain to the Administration on January 8, 1969 in connection with his second disability application.

In this hearing examiner's opinion, the Administration's reconsideration determination of March 27, 1968 affirming its denial of claimant's first disability application filed on July 24, 1967 was a determination by the Secretary with respect to the rights of the same party on the same facts pertinent to the same issue of claimant's disability under the Act on or before June 30, 1965, when claimant was last insured, as is presented by claimant's second and current disability application and the request for hearing now before this hearing examiner. Secondly, the Administration's aforesaid reconsideration determination became final upon the claimant's failure timely to request a hearing. Under the foregoing circumstances, the hearing examiner may, on his own motion, dismiss a hearing request. Section 404.937(a), Regulations No. 4; 20 CFR 404.937(a); Domozik v. Cohen, CCH, UIR, Fed. para. 15,520 (3 Cir., 6/30/69). Furthermore, this hearing examiner believes that the additional evidence secured or submitted in connection with claimant's second disability application does not present any new and material evidence concerning claimant's condition on or before June 30, 1965 so as to justify any reopening of the reconsideration determination of March 27, 1968. Even if the additional evidence in connection with claimant's second application showed a deterioration of claimant's condition or the onset of a severe impairment after June 30, 1965, it may not be considered as a factor in determining whether a disability existed on or before June 30, 1965 when claimant last met the earnings requirement. Roberts v. Flemming, 186 F. Supp. 426 (N.D. Ala., 2/3/60); Fost v. Flemming, CCH, UIR, Fed. para. 9095 (D. Mont., 12/8/60); Carpenter v. Flemming, 178 F. Supp. 791 (N.D. W. Va., 12/1/59); Newsom v. Flemming, 186 F. Supp. 771 (S.D. W. Va., 9/13/60); Bowden v. Ribicoff, 199 F. Supp. 720 (S.D. W. Va., 12/11/60).

In this hearing examiner's opinion, the evidence in connection with claimant's second application filed on December 4, 1968 revealed only two new factors, duodenal and stomach spasm and weight loss. Both of these factors occurred

substantially after June 30, 1965. In fact, there was no mention of these factors by claimant or his treating physician, Dr. Baum, until January 1969 and February 1969, respectively. While Dr. Baum through September 1967 considered claimant "only employable in a very restricted capacity" which he equated with "total disability" and in February 1969 considered claimant "100% disabled", such statements are not determinative of the question of whether or not claimant is under a disability for the purpose of Title II of the Social Security Act. Section 404.1526, Regulations No. 4; 20 CFR 404.1526.

Even assuming that administrative res judicata is inapplicable, this hearing examiner finds that the record as a whole fails to establish that while he was insured and up through June 30, 1965, claimant was unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment of the requisite statutory severity and duration. Claimant's right ear condition was amenable to surgical and medical control. He was able to hear a normal conversational voice. He exhibited no medically determinable cardiac or respiratory impairment. His periodic infections were likewise amenable to medical control. He did not evidence any severe mental impairment on or before June 30, 1965. In fact, Dr. Baum, his treating physician since the mid-1950's, never presented any signs, symptoms or diagnosis of mental impairment. Finally, his recent digestive system involvement occurred considerably after June 30, 1965.

FINDINGS

The hearing examiner has carefully considered the entire documentary record in this case and, based upon the preponderance of the credible evidence, makes the following specific findings:

- (1) Claimant last met the earnings requirement of the Act, as amended, on June 30, 1965.
- (2) The Administration's reconsideration determination of March 27, 1968 with reference to claimant's first application is applicable to and binding on claimant's second and pending application because both applications involved the same issues, facts, parties and law and claimant failed timely to request a hearing with reference to the aforesaid reconsideration determination.
- (3) In the alternative, claimant has had chronic, long-standing, right ear impairment which responded to surgical and medical control and his total hearing was relatively unimpaired in that he could hear a normal conversational voice.

- (4) There is no medical evidence to support any respiratory, musculo-skeletal, digestive, or cardiac impairment on or before June 30, 1965.
- (5) Claimant had no significantly restricting mental or neck impairment.
- (6) Claimant's impairments, either singly or in combination, have not been shown to have been of such severity on or before June 30, 1965 as to have prevented him during such period from returning to his former work as an inspector or porter.
- (7) Claimant was not under a "disability", as defined in the Act, as amended, for any period up through June 30, 1965, when he last met the earnings requirement.

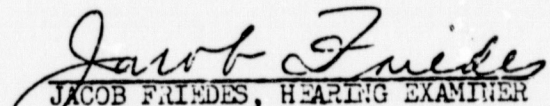
ORDER

Accordingly, the request for hearing filed by claimant's attorney, George T. Dunn, Esq., on August 20, 1969 is hereby dismissed pursuant to Section 404.937(a), Regulations No. 4; 20 CFR 404.937(a).

IN THE ALTERNATIVE,

DECISION

It is the decision of the hearing examiner that claimant is not entitled to disability insurance benefits or to a period of disability for any period up through June 30, 1965 when he last met the earnings requirement, under sections 223(a) and 216(i), respectively, of the Social Security Act, as amended.


JACOB FRIEDES, HEARING EXAMINER
Room 520, 220 Delaware Ave.
Buffalo, N.Y. 14202

DATED: December 18, 1969

REQUEST FOR HEARING

16

Take or mail original and all copies to the District Office, Social Security Administration
Bureau of Hearings and Appeals

William Harrington
(Claimant's Name)

Claim for Disability Insurance Benefits

AUG 21 1969

same

(Wage Earner's Name)

134-10-9523

(Social Security Account Number)

Buffalo, New York

To the SOCIAL SECURITY ADMINISTRATION:

I disagree with the determination made on the above claim. My reasons are:

That the medical information concerning claimant's
disability has not been evaluated properly.

Check one of the following:

- ☐ I have additional evidence to submit. (Attach such evidence to this form or forward to the District Office within 10 days.)
☒ I have no additional evidence to submit.

Check ONLY ONE of the statements below.

- ☐ I request a hearing before a hearing examiner of the Bureau of Hearings and Appeals and wish to appear in person.
☒ I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or his representative should sign.)

George T. Dunn
George T. Dunn, attorney
(Signature or name of claimant's representative)

(Claimant)

827 East Genesee Street
(Address)

(Address)

Syracuse, New York 13210
(City, State and ZIP Code)

(Date)

(City, State and ZIP Code)

NOTE: If claimant's representative is not an attorney, complete Form HA-512.

(Claimant should not fill in below this line)

Is this request filed within 6 months of the reconsideration determination? ☐ Yes ☐ No
If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the District Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on August 20, 1969 at Syracuse, N.Y.

The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

Sent to:

- ☒ Hearing Examiner Buffalo, N.Y.
(Location)
☐ Payment Center
(Location)
☐ Foreign Claims Branch
☐ Division of Accounting Operations

For the Social Security Administration

By: Melby Berger
(Signature)

Syracuse, N.Y. District Office
(Location)

Interpreter Needed

(Language)

Servicing District Office Code

101

100-100000

97018

Alt. address:
Smoky Hollow Rd.
Jameville, Ny 13078

Attorney is with Onondaga
County Legal Service &
stated he did not wish to
have hearing or file brief.



APPLICATION FOR DISABILITY INSURANCE BENEFITS

Form approved.
Budget Bureau No. 72-R530.7
(Do not write in this space)

SYRACUSE, N. Y. 13203

18

NOTICE. — (a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

JUL 24 1967
SOCIAL SECURITY OFFICE

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II of the Social Security Act, as amended.

1. Enter your full name <i>William Harrington</i>		(Check one) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Enter your Social Security number (If none or unknown so indicate) <i>134 10 9523</i>
2. Enter your date of birth (Show month, day, and year) <i>2/22/1918</i>		Enter the name of the City and State or Foreign Country where you were born <i>NY.</i>	
3. (a) Have you (or has someone on your behalf) ever filed an application for monthly social security benefits before? (If "Yes," answer (b), (c), and (d). If "No," go on to item 4). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(b) Kind of claim filed			
(c) Enter name of person on whose earnings record you filed other application(s)		(d) Enter Social Security Number of person named in (c)	
4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.) <i>Left ear drum gone. Left hip and struggling; pain in left chest area</i>			
5. (a) When did you become unable to work because of your disability?		DATE (Month, day, and year) <i>1961</i>	
(b) Are you still disabled?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," answer (c).)	
(c) If you are no longer disabled, enter the date you were again able to work.		DATE (Month, day, and year)	
6. Check the first block which applies to you.			
(a) <input type="checkbox"/> Confined in a medical institution other than a general hospital	(d) <input type="checkbox"/> Confined in a chair (Including wheel chair)		
(b) <input type="checkbox"/> Patient in a general hospital	(e) <input type="checkbox"/> None of the above but unable to go outside		
(c) <input type="checkbox"/> Confined in bed at home	(f) <input type="checkbox"/> Able to go outside but only with help of another person or device		
	(g) <input checked="" type="checkbox"/> Able to go outside without help		

7. (a) Have you filed (or do you intend to file) a claim for disability benefits under any workmen's compensation law or plan? ☐ Yes ☒ No
(If "Yes," answer (b). If "No," go on to item 8.) 19

(b) If you have filed such a claim, has there been a decision on the claim? ☐ Yes ☐ No
(If "Yes," answer (c). If "No," go on to item 8.)

(c) Enter the amount of the weekly payment made to you AMOUNT
\$
(If you are receiving or have received payments on other than a weekly basis, such as bi-weekly or monthly payments, or if you have received a lump-sum payment based on your workmen's compensation claim, please indicate in "Remarks" and include the amount of such payment or payments.)

8. Did you work in the railroad industry any time on or after January 1, 1937? ☐ Yes ☒ No

9. (a) Were you in active military or naval service after September 7, 1939? ☒ Yes ☐ No
(If "Yes," answer (b) and (c). If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency? ☒ Yes ☐ No
(If "Yes," enter the names of all such agencies.) *U.S. Navy 11/2/44 - 12/8/45 Veterans Admin. applied recently*

10. ● Enter the names and addresses of all the persons, companies or government agencies for whom you worked during the last 12 months.
● If you worked in agricultural employment, give this information for this year and last year.
● If you were not employed during the past 12 months, enter the information for your last period (no matter how long) of employment.

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED (If still working show "Not Ended")	
	Month	Year	Month	Year
<i>Home Food Service, Inc. Bld. New York</i>	<i>12</i>	<i>1957</i>	<i>12</i>	<i>1961</i>
(If you need more space, use "Remarks" space on the back page.)				

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☒ Yes ☐ No

12. Were you self-employed this year, last year, or the year before? ☐ Yes ☒ No
(If "Yes," answer question 13. If "No," go on to item 14.)

Check the year or years in which you were self-employed.	In what kind of trade or business were you self-employed?	Were your net earnings from your trade or business \$400 or more? (Check "Yes" or "No")
<input type="checkbox"/> This Year		
<input type="checkbox"/> Last Year		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Year Before Last		<input type="checkbox"/> Yes <input type="checkbox"/> No

14. How much were your total earnings last year? (Count both wages and self-employment income. If none, write "None") \$ none

15. How much have you earned so far this year? (If none, write "None") \$ none

16. (a) Are you married? ☒ Yes ☐ No 20
(If "Yes," give the following information about your wife or husband.)

WIFE'S MAIDEN NAME OR HUSBAND'S NAME	DATE OF BIRTH (If unknown show age)	DATE OF MARRIAGE	If husband or wife is age 62 or over or is filing for disability benefits, enter his or her Social Security No.
<u>Anna M. Burt</u>	<u>8/30/1926</u>	<u>8/31/47</u>	<u>my wife is not filing for benefits</u>

(b) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☐ Yes ☐ No

17. Your unmarried children (including natural children, adopted children, and stepchildren) may be eligible for benefits based on your earnings record if they are now, or were, in the past 12 month:

- under age 18 - 2
- age 18 to 22 and attending school - 0
- age 18 or over and under a disability (which must have begun before age 18) - 0

If you have children who may qualify for benefits under any of the above conditions, answer (a) and (b).

(a) Name of each such child

NAME OF CHILD	NAME OF CHILD
<u>James John</u>	
<u>Marie Charles</u>	

(b) Do you wish to apply, on behalf of all the children named in item 17(a) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? (You may apply even though you do not wish to be payee for a child's benefits.)

☒ Yes ☐ No

(If "No," enter under "Remarks" the name of each child for whom you are not applying and give your reasons.)

18. Answer question 18 only if you are married and your husband or wife is applying for benefits.

(a) Check (✓) whether your marriage was performed by:

Clergyman or authorized public official ☒, or other ☐

(Explain)

(b) Were you married before your present marriage?

☐ Yes ☒ No

(If "Yes," give the following information about each of your previous marriages.)

PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)

(Use "Remarks" space for information about any other marriage.)

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you at the time shown in item 5(a) when you became unable to work because of your disability?

☐ Yes ☒ No

(Over)

20. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability? ☒ Yes ☐ No 21

The events listed below may affect your entitlement to disability insurance benefits:

- (a) Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.
- (b) You GO TO WORK whether as an employee or a self-employed person.
- (c) You apply for periodic benefits under any workmen's compensation law or plan.

If you are now hospitalized -

- (d) You are DISCHARGED FROM THE HOSPITAL.

21. Do you agree to notify the Social Security Administration promptly if any of the above events occur? ☒ Yes ☐ No

Answer question 22 only if (a) you are at least age 62 (or are a widow at least age 60) AND (b) you are not currently entitled to a reduced old-age insurance benefit or a reduced widow's insurance benefit. Persons at least age 62 (or widows at least age 60) may be eligible for reduced retirement benefits. If you accept such reduced benefits your payments will be permanently reduced. The amount of reduction will depend upon several factors such as, your age, whether or not your claim for disability insurance benefits is allowed, and the first month of your entitlement to benefits.

22. Do you wish this to be considered an application for any reduced benefits for which you may be eligible? ☐ Yes ☐ No

REMARKS: (This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)

We are expecting another child in Oct. 1967.

IMPORTANT INFORMATION. PLEASE READ CAREFULLY. - A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. NAME

ADDRESS (Number and Street, City, State and ZIP Code)

2. NAME

ADDRESS (Number and Street, City, State and ZIP Code)

SIGNATURE (Write in ink)

SIGN
HERE

MAILING ADDRESS (Number and Street, P.O. Box, or Rural Route)

CITY, STATE AND ZIP CODE

DATE (Month, day, and year)

TELEPHONE NUMBER

ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE

STATEMENT BY WIFE OR DEPENDENT HUSBAND OF DISABLED PERSON

The wife or dependent husband of an applicant for disability insurance benefits should answer the following question if present when this application is completed, and is at least age 62, or, in the case of a wife under age 62, has in her care any child named in item 17 who is under age 18 or disabled.

Do you desire this application to be an application for any social security benefits payable to you?

☐ Yes ☐ No

SIGNATURE OF WIFE OR DEPENDENT HUSBAND (Write in ink)

EXHIBIT 1

DISABILITY DETERMINATION AND TRANSMITTAL				1. FOLDER NO.		2. DATE APP'D.	
				BDI <input type="checkbox"/>	SA <input checked="" type="checkbox"/>	DFC <input type="checkbox"/>	7/24/67
3. W/E (If Disabled Child Filing)				OASI W/E <input type="checkbox"/>	DIB W/E <input type="checkbox"/>	4. SOCIAL SECURITY ACCOUNT NUMBER 134-10-9523 22	
5. NAME AND ADDRESS OF CLAIMANT William Harrington Smokey Hollow Rd R.D. 27 Janesville NY 13078				6. DB 2/22/18	7. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	8. W N O W <input checked="" type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/>	9. AOD /61
				11. CLAIM FOR FREEZE <input type="checkbox"/> DIB <input checked="" type="checkbox"/> CHILD <input type="checkbox"/>	12. FAMILY STATUS MAR. <input checked="" type="checkbox"/> SC <input type="checkbox"/> NO CHILDREN (UNDER 18) 2		13. OC REQ. LAST MET 6/30/65
14. <input type="checkbox"/> W/E DOES NOT MEET 20/40 REQ. A <input type="checkbox"/> DIS. BDI REVIEW B <input type="checkbox"/> SINCE LAST DET.				15. PREV. DENIED OR TERM. <input type="checkbox"/>		16. NON-DIS. DEV. IN PROGRESS <input type="checkbox"/>	
18. SA CODE 330		19. STATE New York		20. DISTRICT OFFICE ADDRESS AND CODE AND RO CODE 840 James St Syracuse NY 13203 101-21			
FILE REVIEWED & APPROVED FOR TRANSMITTAL				23. REMARKS 67 SEP 15 NY 8:37			
21. CLAIM REPRESENTATIVE K. J. S.							
22. DATE OF TRANSMITTAL 9/13/67							
PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:							
24. <input type="checkbox"/> HAS BEEN UNDER A DISAB. SINCE		25. <input type="checkbox"/> WAS UNDER A DISAB. A. DATE FROM B. TO		26. <input checked="" type="checkbox"/> WAS NOT UNDER A DISAB. ON OR BEFORE (Date) 6/30/65		29. DIAGNOSIS PERFORATED TYMPANIC MEMBRANE	
27. <input type="checkbox"/> WAS NOT UNDER A DISAB.		28. CASE OF BLINDNESS AS DEFINED IN SEC. 206(i) A <input type="checkbox"/> NOT UNDER A DISAB. FOR CASH BEN. PLUP. B <input type="checkbox"/> UNDER A DISAB. FOR CASH BEN. PLUP. SINCE				30. MGR CODE A	
31. VOCATIONAL BACKGROUND (Occupation) Inspector - die casting parts						OCC. YEARS 5 EDUC. YEARS 7	
32. BASIS FOR DETERMINATION 1502(a)							

☒ CONTINUED ON ATTACHED SHEET (Use OA-D834)

33. RECOMMEND RE-EXAM ON (Date)	34. DISABILITY EXAMINER SA B. Stenson	35. DATE 10/10/67	36. REVIEW PHYSICIAN SA J. J. J.	37. DATE 10/16/67
TO BE COMPLETED BY SSA				
38. <input type="checkbox"/> CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES <input type="checkbox"/> CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18		39. <input checked="" type="checkbox"/> MEETS 20/40 TEST IN 40 QTR. OF 40 QTR. ENDING 6/65 <input type="checkbox"/> W/E DOES NOT MEET 20/40 TEST, HAS		
40. PERIOD OF DISABILITY IS <input type="checkbox"/> ESTABLISHED FROM TO <input checked="" type="checkbox"/> NOT ESTABLISHED				
41. REMARKS See revised determination of 3/22/68				
42. RE-EXAM REQ	43. DISABILITY EXAMINER	44. DATE	45. DISABILITY EXAMINER Freelberger-5	46. DATE 10/23/67
CLAIMANT TO BE NOTIFIED BY:				
47. <input checked="" type="checkbox"/> BY MAIL <input type="checkbox"/> BY PC	48. LTR PAR NO 809.2F(in 144, 6/3/65), 5	49. PRIOR A.T. <input type="checkbox"/> PD <input type="checkbox"/> PI <input type="checkbox"/> REVISED	50. BASIS CODE K D-1	51. A OR E CODE X
52. RETURN CATEGORY <input checked="" type="checkbox"/> DIS <input type="checkbox"/> OSF <input type="checkbox"/> IVA <input type="checkbox"/> LAD				

FORM OA-D831
(7-66)

1-FOLDER COPY

ELECT NO. 2 (2 pages)

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

23

NOTE. — Use this form only when necessary for continuation of Item 32 of "DISABILITY DETERMINATION" or Item 3 of "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER (IF DISABLED CHILD FILING)	SOCIAL SECURITY ACCOUNT NO.	DATE
William Harrington		134-10-9523	10/10/67

Disability is alleged since 1961 due to loss of right ear drum; swelling of the left side of the neck and pain in the left chest.

Medical evidence in file reveals the claimant was hospitalized in January, 1961 with the diagnosis of perforated tympanic membrane, right ear, treated and improved. Claimant was hospitalized from April, 1967 to May, 1967 with same diagnosis. Physical examination was unremarkable except for some diminished hearing in the right ear.

Quarters for coverage were last submitted on 6/30/65.

The evidence of this case is felt to reveal that the claimant suffered from a significant condition but one which should not have disabled him on or before the day that the quarters of coverage were last met, 6/30/65. Accordingly, disability is denied.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

24

GIVE ACCOUNT NO. 134-10-9523
WHEN WRITING ABOUT YOUR APPLICATION TO:
SOCIAL SECURITY DISTRICT OFFICE

Syracuse, N.Y. 13203

October 25, 1967

Mr. William Harrington
Smokey Hollow Road
R.D. 2
Jamesville, New York 13078

Dear Mr. Harrington:

We have studied your claim under the provisions of the Social Security Act and find that you are not eligible to receive disability insurance benefits.

We find that although you meet the earnings requirement you do not meet the disability requirement. In reaching this determination we considered how much your condition has affected your ability to work. After carefully studying the records in your case, including the medical evidence and your statements, and considering your age, education, training and experience, it has been determined that your condition was not disabling within the meaning of the law on 1961 (the date you state you became unable to work), or on any later date through June 30, 1965. This is the last day on which you still met the earnings requirement.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make any such request through your district office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have any questions about your claim, you should get in touch with your district office. If you call in person, please take this notice with you.

Sincerely yours,

F. H. Sheel
Director, Division of Evaluation
and Authorization
Bureau of Disability Insurance

Enclosure:
OASI-858

out 10/24/67

EXHIBIT NO. 3 (2 pages)

IMPORTANT INFORMATION

To be eligible for disability insurance benefits under the Social Security Act, a person must meet both an earnings requirement and a disability requirement.

- **To meet the earnings requirement,** a person must have social security credits for 20 calendar quarters (5 years) of work during a 40-quarter (10-year) period ending in or after the calendar quarter in which he became disabled.
- **To meet the disability requirement,** a person must be unable to engage in any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training and work experience.

In addition, a person's disability must exist at a time when the earnings requirement is met. If he becomes disabled after the earnings requirement is last met, he cannot qualify for disability benefits.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and supplementary medical insurance benefits are payable.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for retirement insurance benefits at age 62.

1973

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION



REQUEST
FOR
RECONSIDERATION

SOCIAL SECURITY ACCOUNT NUMBER

134-10-9523

26

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

William Harrington

NAME OF CLAIMANT

CLAIM FOR (Specify type, for example, retirement, disability, etc.)

Disability

EB 3-17 NY 3-22

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are:

I cannot work because of
headaches, earaches, I pain in
the back of my neck, I can't
my arms & legs move easily
I get shortwinded easily.

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence: (If none, write "None.")

None

SIGNATURE OF WITNESSES ONLY

If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.

1. NAME

ADDRESS (Number and Street, City, State and Zip Code)

2. NAME

ADDRESS (Number and Street, City, State and Zip Code)

SIGNATURE (Write in Ink-First, Middle Initial, Last Name)

William Harrington

MAILING ADDRESS (Number and Street, P.O. Box or Route)

Smiley H. W. Harrington

CITY, STATE, AND ZIP CODE

Imperial, Pa. 15028

DATE (Mo., Day, and Year)

4/4/68

TELEPHONE NUMBER

419-0142

FOR OFFICE MAKING ☐ State Agency (Route with disability folder)

DETERMINATION:

☐ Payment Center

☐ BDI, Balto.

☐ Division of Foreign Claims, Balto.

☐ BDPA Attn: CWAB, Balto.

DISABILITY DETERMINATION AND TRANSMITTAL		1. FOLDER TO DDO <input type="checkbox"/> SA <input checked="" type="checkbox"/> FC BR DCC <input type="checkbox"/>		2. DATE APP'D 7/24/67	
3. W/E (If Disabled Child Filing) OASDI W/E <input type="checkbox"/> DB W/E <input type="checkbox"/>		4. SOCIAL SECURITY ACCOUNT NUMBER 134-10-9523		27	
5. NAME AND ADDRESS OF CLAIMANT William Harrington Smokey Hollow Rd. Jamesville, NY 13078		6. DB 2/22/18		7. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
		8. RACE X <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/>		9. AOD 1961	
		11. CLAIM FOR FREEZE <input type="checkbox"/> DIB <input checked="" type="checkbox"/> CHILD <input type="checkbox"/>		12. FAMILY STATUS MAR <input checked="" type="checkbox"/> SG <input type="checkbox"/> NO CHILDREN (UNDER 18) 2	
		13. QC REQ LAST MET 6/30/65		10. AGE 43	
14. <input type="checkbox"/> W/E DOES NOT MEET 20/40 REQ A <input type="checkbox"/> DIS. DDO REVIEW B <input type="checkbox"/> SINCE LAST DET		15. PREV DENIED OR TERM <input type="checkbox"/>		16. NON-DIS DEV IN PROGRESS <input type="checkbox"/>	
17. MED DEV DEF <input type="checkbox"/>		18. SA CODE 330		19. STATE New York	
20. DISTRICT OFFICE ADDRESS AND CODE AND R O CODE 840 James St. Syracuse, NY 13203					
FILE REVIEWED & APPROVED FOR TRANSMITTAL		23. REMARKS rec'd 1/17/68			
21. CLAIMS REPRESENTATIVE					
22. DATE OF TRANSMITTAL					

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. <input type="checkbox"/> HAS BEEN UNDER A DISAB SINCE		25. <input type="checkbox"/> WAS UNDER A DISAB A. DATE FROM B TO		26. <input checked="" type="checkbox"/> WAS NOT UNDER A DISAB ON OR BEFORE (Date) 6/30/65		27. DIAGNOSIS Psychomotoric Reaction Perforated tympanum membrane	
27. <input checked="" type="checkbox"/> WAS NOT UNDER A DISAB		28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A <input type="checkbox"/> NOT UNDER A DISAB FOR CASH BENE PURP B <input type="checkbox"/> UNDER A DISAB FOR CASH BENE PURP SINCE				30. MOB CODE G	
31. VOCATIONAL BACKGROUND (Occupation) inspector die-casting parts						OCC YEARS 5 EDUC YEARS 7	
32. BASIS FOR DETERMINATION 502B							

☐ CONTINUED ON ATTACHED SHEET (Use OA-0834)

33. RECOMMEND RE-EXAM ON (Date)	34. DISABILITY EXAMINER SA Harriet Stone	35. DATE 3-13-68	36. REVIEW PHYSICIAN SA Arthur J. Cumbach MD	37. DATE 3/14/68
---------------------------------	---	---------------------	---	---------------------

TO BE COMPLETED BY SCA

38. <input type="checkbox"/> CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES <input type="checkbox"/> CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18		39. <input checked="" type="checkbox"/> W/E MEETS 20/40 TEST IN C/C/S QTR <input type="checkbox"/> W/E DOES NOT MEET 20/40 TEST HAS OF 40 QTRS ENDING		40. A PERIOD OF DISABILITY IS <input type="checkbox"/> ESTABLISHED FROM TO <input checked="" type="checkbox"/> NOT ESTABLISHED	
--	--	--	--	--	--

41. REMARKS
This action reverses OA-0831 of 11/23/67

42. RE-EXAM REQ	43. DISABILITY EXAMINER	44. DATE	45. DISABILITY EXAMINER E. B. Rigby	46. DATE 3/24/68
CLAIMANT TO BE NOTIFIED BY 47. <input checked="" type="checkbox"/> DDO <input type="checkbox"/> FC		48. LTR PAR NO 45 S	49. PRIOR ACT <input type="checkbox"/> FC <input type="checkbox"/> PT <input checked="" type="checkbox"/> REVISED G-X	50. BASIS CODE K
		51. A C S E CODE D-1	52. RETURN CODE	53. CATEGORY <input checked="" type="checkbox"/> DIB <input type="checkbox"/> C-SF <input type="checkbox"/> CH <input type="checkbox"/> FR
		54. SPECIAL CODE <input type="checkbox"/> VA <input type="checkbox"/> VAD	55. LIST NO	

FORM OA-0831 (7-65)

1-FOLDER COPY

EXHIBIT NO. 5 (2 pages)

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

HH:sf RCH 2

28

NOTE. — Use this form only when necessary for continuation of Item 32 of "DISABILITY DETERMINATION" or Item 3 of "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER (IF DISABLED CHILD FILING)	SOCIAL SECURITY ACCOUNT NO.	DATE
William Harrington		134-10-9523	3-13-68

The statement of evidence in the determination of 10/23/67, except as modified herein, is hereby incorporated by reference, but not the inferences, findings, or conclusion thereon.

Wage earner alleges inability to work since 1961 due to loss of right eardrum, swelling of the left side of his neck, and pain in the left chest. He is 50 years old, has a 7th grade education, and has been employed as an inspector in a diecasting factory. He last meets the quarters of coverage on 6/30/65.

Medical evidence in the file reveals that the claimant was hospitalized in January of 1961 with a diagnosis of perforated tympanic membrane, right ear, treated and improved. He was again hospitalized from 4/67 until 5/67 with the same diagnosis. Physical examination was unremarkable except for some diminished hearing in the right ear.

On 2/6/68 a consultative examination was performed by an internist. Physical examination revealed that the EKG was negative. The impression was chronic right otitis media with perforation of right eardrum, a probable cholesteatoma on the right. It was the doctor's impression that this ear disease was minimal and that there was no evidence of disease in the left neck or cardiopulmonary disease. The CEMD believed that the wage earner's symptoms were out of proportion with any organic disease. She has a severe anxiety neurosis.

On 3/7/68 a consultative examination was performed by a psychiatrist. Examination revealed that the wage earner was coherent and logical. He was well oriented in all spheres. There were no delusions or hallucinations. His responses were appropriate to ideation and affect. While at times he is tense, this is not to any great degree. He denies fears, depression, delusions and hallucinations. The primary focus is a somatic one. There are suggestions of strong repression of rage and hostility. Diagnosis is psychosomatic reaction. He is considered to be competent.

According to the medical and other evidence in the file, it has been determined that this wage earner's impairment is not so severe as to preclude his usual form of substantial gainful activity. Physical examination was relatively normal. There was a slight diminution in hearing but this was not severe. Psychiatric evaluation shows that the wage earner was coherent, oriented, relevant, etc. It is felt that the wage earner does not have an impairment, or combination of impairments, that would preclude him from doing his usual form of SGA. In the past, this claimant was employed as an inspector in a die-casting factory. It is felt he could return to this occupation and his claim is denied.

This determination revises the determination of 10/23/67.



DI:R:1B
ACCOUNT NO. 134-10-9523

DATE

27 1968

NOTICE OF RECONSIDERATION DETERMINATION

Mr. William Harrington
Smokey Hollow Road
Jamesville, New York 13078

Dear Mr. Harrington:

Upon receipt of your request for reconsideration, we had your claim reevaluated by a physician and a disability examiner in the State agency which works with us in making disability determinations. All the evidence in your case has been carefully evaluated; this includes the medical evidence and the additional information received since the original decision. This new evaluation was then independently reviewed in the Social Security Administration. On the basis of the evidence, and considering your age, education, training and work experience, it has been determined that the previous determination was proper under the law.

To be considered disabled for social security purposes a person must be unable to engage in any substantial gainful activity due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from engaging not only in his usual occupation but also in any other kind of substantial gainful work, considering his age, education and work experience. In addition, he must have social security credits for 20 calendar quarters (5 years) of work during a 10-year period ending in or after the calendar quarter in which he became disabled. Your social security record shows that you last met the earnings requirement on June 30, 1965.

In applying for disability benefits you stated you became unable to work in 1961, at age 43, due to ear trouble, swelling of your neck, headaches, neck and chest pain. The medical evidence includes information from your physician, hospital admission summaries and results of special examinations that were arranged for you. It is shown

cc:

District Office, Syracuse, New York

ERigby:jrw 3-25-68

EXHIBIT NO. 6 (2 pages) ER/Hmm
3-25-68

that you have had several ear operations since 1961 and your condition improved. The medical evidence shows that you have an ear problem that occurs from time to time but that it responds to treatment. Your headaches and swelling are also controlled by medication. Extensive studies, including X-rays and electrocardiograms were obtained in order to evaluate your physical condition. It was shown that your heart and lungs are functioning within normal limits. There were no abnormalities noted after exercising.

Based on all the evidence available, it has been determined that your impairments, considered singly or in combination, were not at a level of severity so as to prevent you from working at your job as a castings inspector at any time up until June 30, 1965. This is the date on which you last met the earnings requirement for disability purposes. An impairment that may have become disabling after that date cannot serve to qualify you for disability benefits.

The finding of the Veterans Administration in your case was carefully considered by us along with the rest of the evidence in your file. The Veterans Administration has several disability programs under different laws, and the eligibility requirements differ in each instance. Although similar, the eligibility requirements under the disability programs administered by the Veterans Administration and by the Social Security Administration are not the same. Thus, a person who meets the requirements under a Veterans Administration program does not necessarily qualify under the disability provisions of the Social Security Act. Under our program we must determine whether the requirements contained in the Social Security Act are met.

As you were previously informed, this determination concerns only your disability application. It is not a decision as to whether benefits will be payable to you at retirement age.

We hope this satisfactorily explains the reason for the determination in your case. If you believe that the reconsideration determination is not correct, you may request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You should make any such request through your Social Security District Office, Syracuse, New York. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

Sincerely yours,

John E. Bluett
Director, Division of Reconsideration
Bureau of Disability Insurance

Enclosure:
BHA-1



APPLICATION FOR DISABILITY INSURANCE BENEFITS

Form approved.
Budget Bureau No. 72-R530.7

(Do not write in this space)

NOTICE. — (a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II of the Social Security Act, as amended.

1. Enter your full name <i>William Harrington</i>		(Check one) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Enter your Social Security number (If none or unknown so indicate) <i>134-10-9523</i>
2. Enter your date of birth (Show month, day, and year) <i>2/22/18</i>		Enter the name of the City and State or Foreign Country where you were born <i>Warsaw, My</i>	
3. (a) Have you (or has someone on your behalf) ever filed an application for monthly social security benefits before? (If "Yes," answer (b), (c), and (d). If "No," go on to item 4).			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Kind of claim filed <i>Disability</i>			
(c) Enter name of person on whose earnings record you filed other application(s) <i>William Harrington</i>		(d) Enter Social Security Number of person named in (c) <i>134-10-9523</i>	
4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.) <i>Ulcers Hearing, chest, back and leg condition</i>			
5. (a) When did you become unable to work because of your disability?		DATE (Month, day, and year) <i>1961</i>	
(b) Are you still disabled?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," answer (c).)
(c) If you are no longer disabled, enter the date you were again able to work.		DATE (Month, day, and year)	
6. Check the first block which applies to you.			
(a) <input type="checkbox"/> Confined in a medical institution other than a general hospital		(d) <input type="checkbox"/> Confined in a chair (Including wheel chair)	
(b) <input type="checkbox"/> Patient in a general hospital		(e) <input type="checkbox"/> None of the above but unable to go outside	
(c) <input type="checkbox"/> Confined in bed at home		(f) <input type="checkbox"/> Able to go outside but only with help of another person or device	
		(g) <input checked="" type="checkbox"/> Able to go outside without help	

7. (a) Have you filed (or do you intend to file) a claim for disability benefits under any workmen's compensation law or plan? ☐ Yes ☒ No 32
(If "Yes," answer (b). If "No," go on to item 8.)

(b) If you have filed such a claim, has there been a decision on the claim? ☐ Yes ☐ No
(If "Yes," answer (c). If "No," go on to item 8.)

(c) Enter the amount of the weekly payment made to you AMOUNT
\$
(If you are receiving or have received payments on other than a weekly basis, such as bi-weekly or monthly payments, or if you have received a lump-sum payment based on your workmen's compensation claim, please indicate in "Remarks" and include the amount of such payment or payments.)

8. Did you work in the railroad industry any time on or after January 1, 1937? ☒ Yes ☐ No
See Prior File

9. (a) Were you in active military or naval service after September 7, 1939? ☒ Yes ☐ No
(If "Yes," answer (b) and (c). If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.
Navy 1/44 - 12/45

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency? ☒ Yes ☐ No
(If "Yes," enter the names of all such agencies.) *VA disability*

10. • Enter the names and addresses of all the persons, companies or government agencies for whom you worked during the last 12 months.
• If you worked in agricultural employment, give this information for this year and last year.
• If you were not employed during the past 12 months, enter the information for your last period (no matter how long) of employment.

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED (If still working show "Not Ended")	
	Month	Year	Month	Year
<i>Home Food Service Demitt, My</i>	<i>-</i>		<i>12/8/</i>	<i>1961</i>
(If you need more space, use "Remarks" space on the back page.)				

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☒ Yes ☐ No

12. Were you self-employed this year, last year, or the year before? ☐ Yes ☒ No
(If "Yes," answer question 13. If "No," go on to item 14.)

13.

Check the year or years in which you were self-employed.	In what kind of trade or business were you self-employed?	Were your net earnings from your trade or business \$400 or more? (Check "Yes" or "No")
<input type="checkbox"/> This Year		
<input type="checkbox"/> Last Year		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Year Before Last		<input type="checkbox"/> Yes <input type="checkbox"/> No

14.	How much were your total earnings last year? (Count both wages and self-employment income. If none, write "None")	\$ 0	
15.	How much have you earned so far this year? (If none, write "None")	\$ 0 33	
16.	(a) Are you married? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give the following information about your wife or husband.)		
	WIFE'S MAIDEN NAME OR HUSBAND'S NAME	DATE OF BIRTH (If unknown show age)	
	DATE OF MARRIAGE	If husband or wife is age 62 or over or is filing for disability benefits, enter his or her Social Security No.	
	Anna Burt	8/30/26 8/31/46 None	
	(b) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
17.	Your unmarried children (including natural children, adopted children, and stepchildren) may be eligible for benefits based on your earnings record if they are now, or were, in the past 12 month: <ul style="list-style-type: none"> • under age 18 • age 18 to 22 and attending school • age 18 or over and under a disability (which must have begun before age 18) If you have children who may qualify for benefits under any of the above conditions, answer (a) and (b).		
	(a) Name of each such child		
	NAME OF CHILD	NAME OF CHILD	
	James J.	Daniel C. Shanon J.	
	(b) Do you wish to apply, on behalf of all the children named in item 17(a) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? (You may apply even though you do not wish to be payee for a child's benefits.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(If "No," enter under "Remarks" the name of each child for whom you are not applying and give your reasons.)		
18.	Answer question 18 only if you are married and your husband or wife is applying for benefits.		
	(a) Check (✓) whether your marriage was performed by: Clergyman or authorized public official <input checked="" type="checkbox"/> or other <input type="checkbox"/> (Explain)		
	(b) Were you married before your present marriage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(If "Yes," give the following information about each of your previous marriages.)		
PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
	HOW MARRIAGE ENDED	WHEN (Month, day, and year)	WHERE (Enter name of city and State)
(Use "Remarks" space for information about any other marriage.)			
19.	Do you have a dependent parent who was receiving at least one-half of his or her support from you at the time shown in item 5(a) when you became unable to work because of your disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

(Over)

20. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability? ☒ Yes ☐ No 34

The events listed below may affect your entitlement to disability insurance benefits.
 (a) Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.
 (b) You GO TO WORK whether as an employee or a self-employed person.
 (c) You apply for periodic benefits under any workmen's compensation law or plan.
 If you are now hospitalized —
 (d) You are DISCHARGED FROM THE HOSPITAL.

21. Do you agree to notify the Social Security Administration promptly if any of the above events occur? ☒ Yes ☐ No

Answer question 22 only if (a) you are at least age 62 (or are a widow at least age 60) AND (b) you are not currently entitled to a reduced old-age insurance benefit or a reduced widow's insurance benefit. Persons at least age 62 (or widows at least age 60) may be eligible for reduced retirement benefits. If you accept such reduced benefits your payments will be permanently reduced. The amount of reduction will depend upon several factors such as, your age, whether or not your claim for disability insurance benefits is allowed, and the first month of your entitlement to benefits.

22. Do you wish this to be considered an application for any reduced benefits for which you may be eligible? ☐ Yes ☐ No

REMARKS: (This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)

IMPORTANT INFORMATION. PLEASE READ CAREFULLY. — A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. NAME

ADDRESS (Number and Street, City, State and ZIP Code)

2. NAME

ADDRESS (Number and Street, City, State and ZIP Code)

SIGNATURE (Write in ink)

SIGN
HERE

MAILING ADDRESS (Number and Street, P.O. Box, or Rural/Route)

CITY, STATE AND ZIP CODE

DATE (Month, day and year)

TELEPHONE NUMBER

ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE

STATEMENT BY WIFE OR DEPENDENT HUSBAND OF DISABLED PERSON

The wife or dependent husband of an applicant for disability insurance benefits should answer the following question if present when this application is completed, and is at least age 62, or, in the case of a wife under age 62, has in her care any child named in item 17 who is under age 18 or disabled.

Do you desire this application to be an application for any social security benefits payable to you?

☐ Yes ☐ No

SIGNATURE OF WIFE OR DEPENDENT HUSBAND (Write in ink)

EXHIBIT

17

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION
AND TRANSMITTAL

1. FOLDER TO: BDI <input checked="" type="checkbox"/> SA <input type="checkbox"/> DFC <input type="checkbox"/>		2. DATE APP'D. 12/4/68	
3. W/E (If Auxiliary Filing) OASI <input type="checkbox"/> W/E <input type="checkbox"/> DIB <input type="checkbox"/> W/E <input type="checkbox"/>		4. SOCIAL SECURITY ACCOUNT NUMBER 134-10-9523 35	
5. NAME AND ADDRESS OF CLAIMANT William Harrington Smokey Hollow Rd Jamesville NY 13078		6. DB 2/22/18	7. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>
		8. RACE W <input checked="" type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/>	9. AOD 1961
		11. CLAIM FOR FREEZE <input type="checkbox"/> DIB <input checked="" type="checkbox"/> CHILD <input type="checkbox"/> DWB <input type="checkbox"/>	12. FAMILY STATUS MAR. <input checked="" type="checkbox"/> SG. <input type="checkbox"/> NO. CHILDREN (UNDER 18) 3
		13. QC REQ. LAST MET 6/30/65	
14. <input type="checkbox"/> W/E DOES NOT MEET 20/40 REQ. A. <input type="checkbox"/> DIS. BDI REVIEW B. <input checked="" type="checkbox"/> SINCE LAST DET.		15. PREV. DENIED OR TERM. <input checked="" type="checkbox"/>	
16. NON-DIS. DEV. IN PROGRESS <input type="checkbox"/>		17. MED. DEV. DE. <input type="checkbox"/>	
18. S A CODE 330	19. STATE New York	20. DISTRICT OFFICE ADDRESS 840 James St Syracuse NY	DO CODE 101
		RO CODE 21	
FILE REVIEWED & APPROVED FOR TRANSMITTAL		23. REMARKS CM 6252.42	
21. CLAIMS REPRESENTATIVE Marion J. Murphy			
22. DATE OF TRANSMITTAL 2/5/69		PRESCRIBED PERIOD	
PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:			
24. <input type="checkbox"/> HAS BEEN UNDER A DISAB. SINCE	25. <input type="checkbox"/> WAS UNDER A DISAB. A. DATE FROM B. TO	26. <input checked="" type="checkbox"/> WAS NOT UNDER A DISAB. ON OR BEFORE (Date) 6/30/65	29. DIAGNOSIS Psychosomatic Reaction - Perforated Tympanic Membrane
27. <input type="checkbox"/> WAS NOT UNDER A DISAB.	28. CASE OF BLINDNESS AS DEFINED IN SEC. 206(i) A. <input type="checkbox"/> NOT UNDER A DISAB. FOR CASH BEN. PURP. B. <input type="checkbox"/> UNDER A DISAB. FOR CASH BEN. PURP. SINCE		30. MOB CODE 9
31. VOCATIONAL BACKGROUND (Occupation) Inspector - Die casting parts			OCC. YEARS 5 EDUC. YEARS 7
32. BASIS FOR DETERMINATION Administrative Review Indicated - Appealable The claimant who last meets 20/40 on 6/30/65 was denied on 3/22/68 after filing a reconsideration request because the evidence did not indicate a new impairment at any time the request stated request was denied. The evidence submitted with this application of 1/4/68 has been reviewed. The new application presents no new facts and involves the same facts and issues for the same individual. The review committee has decided the previous application of 1/4/68 was denied on the basis of a finding that the claimant was not disabled.			
33. RECOMMEND RE-EXAM ON (Date)			
34. DISABILITY EXAMINER SA		35. DATE	36. REVIEW PHYSICIAN SA
TO BE COMPLETED BY SSA			
38. <input type="checkbox"/> CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. <input type="checkbox"/> CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.		39. <input type="checkbox"/> W/E MEETS 20/40 TEST IN: QTR. <input checked="" type="checkbox"/> W/E DOES NOT MEET 20/40 TEST, HAS 11 OF 40 QTRS ENDING 3/31/68	
		40. A PERIOD OF DISABILITY IS <input type="checkbox"/> ESTABLISHED FROM TO <input checked="" type="checkbox"/> NOT ESTABLISHED.	
41. REMARKS			
42. RE-EXAM REQ.	43. DISABILITY EXAMINER	44. DATE	45. DISABILITY EXAMINER G. P. Adams 3
46. DATE 2/13/69			
CLAIMANT TO BE NOTIFIED BY:		49. PRIOR ACT. FO <input type="checkbox"/> PT <input type="checkbox"/> REVISED <input type="checkbox"/>	50. BASIS CODE N
47. <input checked="" type="checkbox"/> BDI <input type="checkbox"/> PC	48. LTR/PAR. NO. 5	51. ACR D CODE 5C	52. RETURN CODE R
		53. CAT. <input checked="" type="checkbox"/> DIB <input type="checkbox"/> OSI <input type="checkbox"/> CH <input type="checkbox"/> FR <input type="checkbox"/> VAD	54. SPECIAL CODE <input type="checkbox"/> VA <input type="checkbox"/> VAD

FORM OA-DB31 (7-68)

BEST COPY AVAILABLE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

36

GIVE ACCOUNT NO. 134-10-9523
WHEN WRITING ABOUT YOUR APPLICATION TO:
SOCIAL SECURITY OFFICE

Syracuse, NY

February 19, 1969

Mr. William Harrington
Smokey Hollow Rd.
Jamesville, NY 13078

Dear Mr. Harrington:

The disability application you recently filed concerns the same issues that were decided in connection with an earlier application.

On March 27, 1968, you were notified of the reconsideration determination, that your condition was not found to be disabling within the meaning of the law at any time on or before June 30, 1965, the date you last met the earnings requirement. In that notice you were advised that if you believed the decision was not correct, you could request a hearing before a hearing examiner of the Bureau of Hearings and Appeals within 6 months. Our records do not show that a review of that decision was requested.

We have examined the information furnished with your present application and find that the facts are the same as those previously considered in connection with your earlier application. Therefore, your present claim must be denied. Since the disability must exist at a time when a person meets the earnings requirement, it has not been necessary to consider whether your condition is disabling at any time after the date you last met the earnings requirement. An explanation of the disability requirement and the earnings requirement is given on the back of this notice.

If you have any evidence about your condition on or before June 30, 1965, which was not previously sent in for consideration, you may submit it for review. It is not necessary to file a new disability application for this purpose.

If you believe that the determination on your present application is not correct, you may request that it be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make any such request through your district office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim. If you have any question about your claim, you should get in touch with your district office. If you call in person, please take this notice with you.

Sincerely yours,

F. H. Sheel

F. H. Sheel
Director, Division of Evaluation
and Authorization
Bureau of Disability Insurance

Enclosure:
SSI-58

EXHIBIT NO. 9 (2 pages)

SSA-L800 (9-68)

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later meets the earnings requirement if he has social security credits for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which he is disabled.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and medical insurance benefits are payable.



REQUEST FOR RECONSIDERATION

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON
William Harrington

SOCIAL SECURITY CLAIM NUMBER
134-16-9523

NAME OF CLAIMANT
Jane

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)
Disability

(Do not write in this space)
SYRACUSE, N. Y. 13203
69 JUN 23 NY 9 42 38

JUN 19 1969

21101
SSA DISTRICT OFFICE

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are:

I have not been able to work physically since 1961. I have head aches & pain all the time, become dizzy upon bending over & suffer back pain upon the least exertion. I am still troubled with stomach pain in my left side.

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (If none, write "None."):

None - I have no further medical evidence to submit for period prior to 6/30/65.

SIGNATURE OF WITNESSES ONLY		SIGNATURE (Write in Ink—First, Middle Initial, Last Name)	
If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.			
1. NAME		<i>William Harrington</i>	
ADDRESS (Number and Street, City, State and Zip Code)		MAILING ADDRESS (Number and Street, P.O. Box or Route)	
2. NAME		<i>Smiley Hollow Rd R.O.</i>	
ADDRESS (Number and Street, City, State and Zip Code)		CITY AND STATE	ZIP CODE
		<i>Jamesville, NY</i>	<i>13078</i>
		DATE (Month, Day, and Year)	TELEPHONE NUMBER
		<i>6/19/69</i>	<i>469-6142</i>

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER	INTERMEDIARY NAME AND NUMBER	SOCIAL SECURITY OFFICE ADDRESS

ROUTING
INSTRUCTIONS
(Check one)☒ State Agency (Route with disability folder)☐ Payment Center _____ BDI, Balto. ☐☐ BHI, RO _____ ☐ BHI, Attn: DRB, Balto.☐ Division of Foreign Claims, Balto.☐ BDPA, Attn: CWAB, Balto.☐ Intermediary



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

DI:R:1B

ACCOUNT NO. 134-10-9523

DATE JUNE 27 1969

NOTICE OF RECONSIDERATION DETERMINATION

39

Mr. William Harrington
Rural Delivery 2
Snokey Hollow Road
Jamesville, New York 13078

Dear Mr. Harrington:

Upon receipt of your request for reconsideration, we had your claim reevaluated. To insure a new and independent decision, a special group other than the one that made the previous determination reviewed your case. All the evidence was considered; this includes the additional evidence and information received since the previous determination.

After a thorough evaluation of your case, it has been determined that the previous decision was correct. The information which you submitted does not show any new facts about your condition on or before June 30, 1965, when you last met the earnings requirement of the law. Therefore, since the facts are the same as those already considered in a past decision dated March 27, 1968 and since the same law applies, that decision remains in effect.

If you have any new information showing how your condition prevented you from doing some type of work on or before June 30, 1965, you may submit it for our review. It is not necessary to file a new disability application in this connection.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and supplementary medical insurance benefits are payable.

We hope this satisfactorily explains the reason for the determination in your case. If you believe that reconsideration determination on your present application is not correct, you may request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You should make any such request through your Social Security Office, Syracuse, New York. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

Sincerely yours,

John E. Bluett
Director, Division of Reconsideration
Bureau of Disability Insurance

EXHIBIT NO. 11

Enclosure:
BHA-1
JHolland:mlm 6-26-69

Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

134-10-9523

PRINT NAME

1. William John Harrington
(EMPLOYEE'S FIRST NAME) (MIDDLE NAME) (LAST NAME)

2. 415 1/2 Jackson St. 3. Syracuse N.Y.
(STREET AND NUMBER) (CITY) (STATE)

4. Southern Broom Co. 5. 622 Jackson St.
(BUSINESS NAME OF PRESENT EMPLOYER) (BUSINESS ADDRESS OF PRESENT EMPLOYER)

6. 19 7. February 22, 1918 8. Karsaw, New York
(AGE AT LAST BIRTHDAY) (DATE OF BIRTH: (MONTH) (DAY) (YEAR)) (PLACE OF BIRTH)

9. William James Harrington 10. Mabel Harrington
(FATHER'S FULL NAME) (MOTHER'S FULL MAIDEN NAME)

11. SEX: MALE ☒ FEMALE ☐ 12. COLOR: WHITE ☒ NEGRO ☐ OTHER ☐
(CHECK (1) WHICH) (CHECK (1) WHICH) (SPECIFY)

13. IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD _____

14. IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE _____ (PLACE) (DATE)

15. March 10 16. William Harrington
(DATE SIGNED) (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE

EXHIBIT NO. 12 (v. p. 20)

area is usually known.

Item 3.—Enter name of city and State in which you reside. If you live outside the city or village limits, enter the name of city or village from which mail is delivered.

Item 4.—Enter full business name of your present employer. It is important that you give the employer's business name and not the name of some individual or official of the concern.

Item 5.—Enter the business address of your present employer. It is important that you show street and number, as well as city and State. Do not give home address of employer.

Item 8.—Enter city, county, and State of birth. If you were born outside the limits of any city or village, describe area as accurately as possible, giving the name by which it is usually known. Always give the name of county and State. If foreign born, enter the name of country of birth in space provided for State. If other identifying location is available, enter in space provided for county.

Item 12.—If you are either white or negro, place a check mark (V) in the proper space. For other than white or negro, write out color or race to which you belong in the space provided. Typical examples of other color classifications are: Mexican, Chinese, Japanese, Indian, Filipino, etc.

Item 13.—If you are registered with United States Employment Service, National Reemployment Service, or State employment offices, either for the purpose of obtaining employment or to obtain a better job, enter registration number assigned to you by such organization.

Item 14.—If you have previously made application for a Social Security account number, enter the place (city, county, and State) and date (month, day, and year) of filing application. This should be done regardless of whether or not you have received your account number card. This is important in order that not more than one account number will be assigned to you.

Item 16.—Enter your signature as it is usually written—not necessarily the way it appears on the first line of the form. If your usual signature is written with only middle initial, or if first name is abbreviated, sign application in that same way.

If you cannot write, have someone fill out the card for you.

If you are unable to sign your name, you should make your mark (an X) on left side of the line provided for signature, in the presence of two witnesses who can write. If possible, the witnesses should be persons who work with you. The witnesses must sign their names in the remainder of space provided for signature.

If these instructions are not clear, consult your local postmaster.

FORM OA	
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DA-C794 (3)

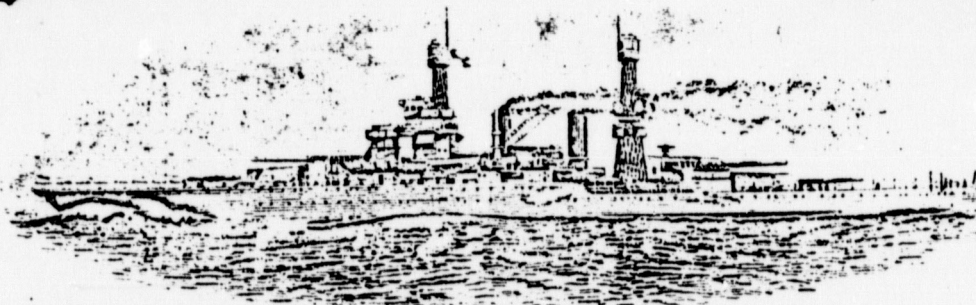
EXHIBIT NO. 12

42

134-10-9523

44

Honorable White House Navy



from the

United States Navy

This is to certify that

William HARRINGTON

SEAMAN FIRST CLASS

is Honorably Discharged from the H. S. Naval Personnel Separation Center
Sampson, New York *and from the Naval Service of the United States*

this 8th *day of* DECEMBER, 1945

*This certificate is awarded as a Testimonial of Fidelity and
Obedience.*

J. F. WNEY
Lieutenant, USNP

EXHIBIT NO. 15 (2 pages)

NOTICE OF SEPARATION FROM THE U. S. NAVAL SERVICE
NAVPERS-553 (Rev. 8-45)

134-10-9523

1. SERIAL OR FILE NO.		2. NAME (LAST) (FIRST) (MIDDLE)		3. RATE AND CLASS /OR RANK AND CLASSIFICATION		4. PERMANENT ADDRESS FOR MAILING PURPOSES		5. PLACE OF SEPARATION	
806-57-74		HARRINGTON, WILLIAM (N)		SEAMAN 1/c SV6		626 PLYMOUTH AVE. SYRACUSE, N.Y. ONONDAGA CO,		USN PERSONNEL SEPARATION CENTER SAMPSON, N.Y.	
6. RACE		7. SEX		10. MARITAL STATUS		11. U. S. CITIZEN (YES OR NO)		12. DATE AND PLACE OF BIRTH	
W		M		S		YES		2-22-18 WARSAW, N.Y.	
13. REGISTERED		14. SELECTIVE SERVICE BOARD OF REGISTRATION		15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		16. NET SERVICE (FOR PAY PURPOSES) (YRS. MOS. DAYS)		17. DATE OF ENTRY INTO ACTIVE SERVICE	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		LB 423 SYRACUSE, N.Y.		SAME AS 4		1-11-4		1-12-44	
18. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)		19. PLACE OF ENTRY INTO ACTIVE SERVICE		20. QUALIFICATIONS, CERTIFICATES HELD, ETC.		21. RATINGS HELD		22. FOREIGN AND/OR SEA SERVICE WORLD WAR II	
<input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/> INDUCED <input type="checkbox"/> COMMISSIONED		SYRACUSE, N.Y.		THOSE OF RATE		AS, S2c, S1c		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE 1-5-44 DATE		23. SERVICE SCHOOLS COMPLETED		24. SERVICE (VESSELS AND STATIONS SERVED ON)		25. INITIAL MUSTERING OUT PAY		26. NAME OF DISBURSING OFFICER	
None		0		NTS GREAT LAKES, ILL USS ICI (L) 945 COM ICI (S) FLOT 10 US ECT 1141 USS LST 982 USS LST (6) GRP. 81 Flot 27		\$100		G.L. ESTES, LT(SC)USN	
27. MONTH NEXT PREMIUM DUE		28. AMOUNT OF PREMIUM DUE EACH MONTH		29. INTENTION OF VETERAN TO CONTINUE INSURANCE		30. TOTAL PAYMENT UPON DISCHARGE		31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	
2-46		6.80		Yes		46.93		\$ 3.40	
32. REMARKS		33. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)		34. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.		35. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)		36. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE)	
POINT SYSTEM CTORY MEDAL MERIDIAN CAMPAIGN EUROPEAN AFRICAN MID EAST 1 star ASIATIC PACIFIC 1 star		W.W. HANSON		LABORER		NONE		None	
37. NAME AND ADDRESS OF NEXT EMPLOYER		38. FROM: 12-41		39. TO: 12-43		40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)		41. NON-SERVICE EDUCATION (YEARS SUCCESSFULLY COMPLETED)	
CROSS HINDS CO. SYRACUSE, N.Y.						NONE		42. DEGREES	
								43. MAJOR COURSE OR FIELD	
								None	
44. RIGHT INDEX FINGERPRINT		45. OFF DUTY EDUCATIONAL COURSES COMPLETED		46. DATE OF SEPARATION		47. SIGNATURE OF PERSON BEING SEPARATED			
		None		12-8-45					

REPORT OF DISABILITY INTERVIEW
(WRITE LEGIBLY)

OFFICE <i>Spokane, WA</i>	DATE <i>7/24/67</i>
ACCOUNT NUMBER <i>134-104523 46</i>	

WAGE EARNER'S NAME <i>William Harrington</i>	NAME OF DISABLED INDIVIDUAL (If different from wage earner's)
NAME AND ADDRESS OF PERSON(S) CONTACTED <input type="checkbox"/> CLAIMANT	

CONTACT MADE <input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE	PLACE OF CONTACT <input checked="" type="checkbox"/> DO <input type="checkbox"/> CS <input type="checkbox"/> HOME <input type="checkbox"/> OTHER
INTERVIEWER'S SIGNATURE <i>B. H. Wagner</i>	NATURE OF INJURY OR ILLNESS THAT PREVENTS CLAIMANT FROM WORKING <i>Ear drum gone, left side of neck swollen, pain in left</i>

AOD <i>1961</i>	DOB <i>2/22/16</i>	JOB TITLE (Principal occupation) <i>Inspector</i>	KIND OF BUSINESS OR INDUSTRY <i>Police Department</i>	HIGHEST GRADE COMPLETED <i>Completed 7th grade</i>
--------------------	-----------------------	--	--	---

1. Date injury or illness first bothered claimant *1967*; 2. Date claimant stopped working *1967*;
3. Describe ability to work at the time the injury or illness first bothered claimant (changes in job duties, conditions, etc.); changes in condition since it first appeared until work stopped (changes in symptoms, dates first noticed, changes in work conditions, work interruptions, dates changes occurred); and reasons claimant stopped working (including reasons other than condition).

ONSET
OF
IMPAIR-
MENT

(Complete
this
Section
in
ALL
Cases)

Rt. ear would ache and a headache would come at same time. He had an operation about 5 years ago for the closing of a hole in ear drum. In 1967, he had an operation on ear. Three devices were removed. Hole is still in ear drum. He expects to have another operation on his ear within 3 weeks to place another patch on ear drum.

The swelling in the left side of neck occurred at the same time he had the ear trouble. He said the swelling would go down his neck into his left chest. Pain comes to the left chest. He has had two operations on his neck. He can't recall the name of the other hospital; possibly the University Hospital.

4. Has claimant worked since onset? (If "Yes," complete Form OA-D821.) ☐ YES ☒ NO

CHECK IF ONE OF THE FOLLOWING APPLY (If one of the items is checked - Do Not Complete pages 2, 3, or 4.)

- | | | |
|---|---|---|
| <input type="checkbox"/> States his condition no longer prevents him from working | <input type="checkbox"/> Is hospitalized | <input type="checkbox"/> Alleges progressive cancer |
| <input type="checkbox"/> Is engaging in SGA | <input type="checkbox"/> Is house confined or unable to leave house unassisted because of a physical impairment | <input type="checkbox"/> Has lost a leg because of diabetes or Buerger's disease |
| <input type="checkbox"/> Alleges a fracture or burn | <input type="checkbox"/> Is unable to speak, or to see, or to hear | <input type="checkbox"/> Has lost the use of a leg because of a fractured vertebrae |

Describe changes in condition since work stopped; current condition (including the symptoms and the limitations imposed by the impairment that keep him from working now); and limitations placed by his physician (e.g., bed rest, special treatment, diet, restricted activity, etc.).

He has the same problem with his ear, 47
the headache, but there is some swelling
in his neck on the cord.

He receives 2 shots from Dr. Beum each
week; penicillin and streptomycin.

He needs the above to calm down the
pain in ear and headache. He has a
sharp pain in his neck now.

Within last 4 years, he gets cramps in back
of both legs. He has to get a pillow be-
tween the legs at night for relief.
Sometimes, when sitting in a chair, he has
the leg pain and he feels as if he has
done 3 hrs work.

To prevent this, to go down stairs, he gets
out of his chair and comes down legs & chest
in caring for personal needs.

He lives in a rented home with his
wife & three sons.

He helps the wife with meals, does
dishes.

He tries to mow the lawn with a power
mower but this tires him & he has to
rest for his son to help.

He has to rest during the day because
he gets so little rest at night for the
most part. His legs ache.

He has no hobbies. He has had to forego fishing, which
he did enjoy.

PRO-
GRESSION
AND
CURRENT
CONDITION

DO NOT WRITE IN MARGIN

CHECK IF ONE OF THE FOLLOWING APPLIES (If one of the items is checked - Omit Section III, Proceed to Section IV.)

- ☐ 3 months after stroke claimant has weakness of
2 limbs, or severe speech or memory defect with
marked loss of use of one limb
- ☐ Arthritis with gross deformity of 2 or more limbs

- ☐ Parkinson's disease with marked tremors or propulsive
gait
- ☐ Multiple sclerosis with staggering gait, marked tremors
or visual difficulties
- ☐ Other severe, observable limitations
(Describe under Observations (Section IV).)

END WORK

A. PRINCIPAL JOB (In 15 years before onset)

JOB TITLE

Inspector

APPROXIMATE DATES WORKED

48
1948 - 1953 (5 yrs)

TYPE OF BUSINESS OR INDUSTRY

detecting
sup. of ~~machines~~ & parts

HRS./DAY

8

DAYS/WEEK

5 1/2

RATE OF PAY

\$ 90.00 PER hr.

B. PHYSICAL DEMANDS

for making machines

1. Lifting ☒ YES ☐ NO How much in lbs.? *50'* How often? *quite frequently* How high? *3'*
2. Carrying ☐ YES ☐ NO How much in lbs.? _____ How often? *all day* How far? *1/2 block*
3. Pushing/pulling ☒ YES ☐ NO How much in lbs.? *150'* How often? *all day* How far? *1/2 block*
4. Standing ☒ YES ☐ NO How much time/day? *all day*
5. Walking ☒ YES ☐ NO How much time/day? *some of day*
6. Sitting ☐ YES ☐ NO How much time/day? *once in while*
7. Climbing ☐ YES ☒ NO How high? _____ How often? _____
8. Stooping, bending and/or kneeling ☒ YES ☐ NO How often and/or how long? *frequently in day*

C. JOB DUTIES (Describe in specific terms the claimant's duties in a typical workday)

Claimant stated that he inspected castings for making machines. Castings had to be free of burrs. He would pick them in shops. He did this all day long.

D. WORKING CONDITIONS (Check appropriate blocks - describe items checked)

- ☐ Dust ☐ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☐ Dampness ☐ Other

He did not mind any of these

E. REQUIRED SKILLS (Describe all "Yes" answers)

1. Did job require special skills (e.g., blue print reading, use of tools or machinery)? ☒ YES ☐ NO
2. Training required? ☒ ON THE JOB ☐ APPRENTICE ☐ CLASSROOM
3. Did job require supervising the activities of others? Describe length and type. ☐ YES ☒ NO

III
VOCATIONAL
DESCRIP-
TION

tech
did
it

F. OTHER JOBS

1. Did claimant's last job before onset involve an occupation different from principal job?
If "Yes," describe, e.g., physical demands, conditions, required skills, job duties, etc. Do not describe jobs of less than one months duration.

☒ YES ☐ NO

At Home Food Service, he had to sweep floors, wash windows, wash the machinery - saws, grates and saws, knives.

The employer wanted him to go into the cooler to take meat. He said he could not go into the cooler because of the pain in his ear. He tried to do all of the above but he was getting slower because of the pain in his ear and

2. List by job titles and approximate dates worked, other occupations held in 15 years before onset.

NOTE: If claimant is (a) age 55 or older, and (b) had no more than 6th grade education, and (c) performed only arduous unskilled labor 15 years before onset, list all job titles and dates since work began.

swelling of his neck. The employer told him that he would have to go.

A. PHYSICAL DESCRIPTION (Describe all "Yes" answers)

1. Did claimant display difficulty with any of the following?

Walking	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Hearing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Breathing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Speaking	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Use of hands and arms	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Sitting	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Sight	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Other	<input type="checkbox"/> YES <input type="checkbox"/> NO

Describe all "Yes" answers and claimant's general appearance.

Legs tighten up so he wobbles when he has pain in legs. Left knee goes out. He has a problem of his right leg. He has a problem of his right leg. He has a problem of his right leg.

B. INTERVIEWER'S IMPRESSIONS

1. Did claimant display difficulty with any of the following? (If "Yes," describe)

Reading	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Writing	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Comprehending	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Responding	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Language	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

He has a problem of his right leg. He has a problem of his right leg. He has a problem of his right leg. He has a problem of his right leg. He has a problem of his right leg.

2. Circumstances surrounding interview.

He came to the house with his wife. He drives a car. He has a problem of his right leg. He has a problem of his right leg. He has a problem of his right leg.

EXHIBIT 16

(If additional space is needed, use Form OAC-5002)

DO NOT WRITE IN MARGIN



50

STATE OF NEW YORK

DEPARTMENT OF SOCIAL SERVICES

BUREAU OF DISABILITY DETERMINATIONS

110 WILLIAM STREET
NEW YORK, N. Y. 10038

Telephone - Area Code 212 - 488- 2263

SIDNEY HOUBEN
DIRECTOR

H. R. JONES
CHAIRMAN
STATE BOARD OF SOCIAL WELFARE
GEORGE K. WYMAN
COMMISSIONER
C. CARLYLE NUCKOLS, JR., M.D.
DEPUTY COMMISSIONER

DEC 20 1967

Manager
Social Security District Office
840 James Street
Syracuse, N.Y. 13203

Re: William Harrington
Soc. Sec. No: 134-10-9523

Dear Sir:

We are enclosing a letter from Mr. Harrington in which he raises questions regarding the decision in his Social Security disability claim. We are also enclosing a copy of our reply to him suggesting that he contact your office.

Sincerely yours,

Mae M. Blatt
Chief Examiner



STATE OF NEW YORK

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H. R. JONES
AIRMAN
STATE BOARD OF SOCIAL WELFARE
GEORGE K. WYMAN
COMMISSIONER
C. CARLYLE NUCKOLS, JR., M.D.
DEPUTY COMMISSIONER

DEPARTMENT OF SOCIAL SERVICES
BUREAU OF DISABILITY DETERMINATIONS

110 WILLIAM STREET
NEW YORK, N. Y. 10038

SIDNEY HOUBEN
DIRECTOR

Telephone - Area Code 212 - 488- 2263

DEC 20 1967

Mr. William Harrington
Smokey Hollow Road
Jamesville, N.Y. 13078

Soc. Sec. No: 134-10-9523

Dear Mr. Harrington:

This is in answer to your letter of December 13, 1967 regarding your Social Security disability benefits.

We have completed our action on your case and have transmitted your case file to the Social Security Administration, Bureau of Disability Insurance, Baltimore, Maryland. If you have any questions concerning the decision in your case or if you wish to file for a reconsideration please contact your local Social Security District Office which is situated at 840 James Street, Syracuse, N.Y. 13203.

Sincerely yours,

Mae M. Blatt
Chief Examiner

HS:jb D19

NIF

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December 13, 1967

STATE OF NEW YORK
DEPT. OF SOCIAL SERVICES
'67 DEC 15 AM 9:36
BUREAU OF
DISABILITY DETERMINATIONS

State of New York
Dept. of Social Welfare
Bureau of Disability Determinations
110 William Street
New York, New York, 10038

Dear Sir: Social Security Number 134-10-9523

I am writing this letter to find out why I am not eligible to receive disability insurance benefits. This is in answer to letter dated Oct. 25/67 from the S.S. Administration, Baltimore, Md. signed F.H. Sheel. I don't see what you mean on the dates; 1961 I became unable to work. You have the date 1965; you state that this is the last day on which I still met the earnings requirement, what do you mean by this statement?

As I have stated, my last job was Dec. 8, 1961. I have had jobs before but I was unable to do the work and was laid off; that was before 1961.

If I could, I would like to have my case re-examined. As you know I had three operations on my ear, the last one on Nov. 21/67, and I am in just as much pain as I was before the operation; it didn't help it at all. They took out diseased bones and tissues; as if now I still have to go to my doctor to get shots for it twice a week. My doctor's name is Dr. Leo Baum, 100 Matty Ave, Mattydale, New York 13211, phone 454-2821. If you need any more information you can contact Dr. Baum with my permission, or the V.A. Hospital. As I have said, my condition has not changed as Dr. Baum stated in his letter to you.

On Sept. 19/67 I received this letter from New York stating I would have to get examined by Dr. George A. Sisson, M.D. 1200 E. Genesee St., Syracuse, N.Y. 13210, Phone 315 GR 6-7936. I called New York, talked to some man and they put me on CE Unit B.S. I told him I was going to have my operation the 9th of October and he told me to go and have the operation and that he would get the information from V.A. Hospital, as Dr. Sisson was going away and could not see me.

Please may I hear from you regarding this.

EXHIBIT

17

Yours very truly,

William Harrington
William Harrington

EXHIBIT

REPORT OF DISABILITY INTERVIEW
(WRITE LEGIBLY)

OFFICE <i>Syracuse, NY</i>		DATE <i>1/4/68</i>
ACCOUNT NUMBER <i>134-70-9523</i>		
WAGE EARNER'S NAME <i>William Harrington</i>		NAME OF DISABLED INDIVIDUAL (If different from wage earner's) <i>53</i>
NAME AND ADDRESS OF PERSON(S) CONTACTED <input checked="" type="checkbox"/> CLAIMANT		
CONTACT MADE <input checked="" type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE		PLACE OF CONTACT <input checked="" type="checkbox"/> DO <input type="checkbox"/> CS <input type="checkbox"/> HOME <input type="checkbox"/> OTHER
INTERVIEWER'S SIGNATURE <i>[Signature]</i>		NATURE OF INJURY OR ILLNESS THAT PREVENTS CLAIMANT FROM WORKING <i>Ear disorder</i>
AOD <i>1961</i>	DQB	JOB TITLE (Principal occupation)
KIND OF BUSINESS OR INDUSTRY		HIGHEST GRADE COMPLETED

1. Date injury or illness first bothered claimant _____; 2. Date claimant stopped working _____;
3. Describe ability to work at the time the injury or illness first bothered claimant (changes in job duties, conditions, etc.); changes in condition since it first appeared until work stopped (changes in symptoms, dates first noticed, changes in work conditions, work interruptions, dates changes occurred); and reasons claimant stopped working (including reasons other than condition).

ONSET
OF
IMPAIR-
MENT

(Complete
this
Section
in
ALL
Cases)

4. Has claimant worked since onset? (If "Yes," complete Form OA-D821.)

☐ YES ☒ NO

CHECK IF ONE OF THE FOLLOWING APPLY (If one of the items is checked - Do Not Complete pages 2, 3, or 4.)

- | | | |
|---|---|---|
| <input type="checkbox"/> States his condition no longer prevents him from working | <input type="checkbox"/> Is hospitalized | <input type="checkbox"/> Alleges progressive cancer |
| <input type="checkbox"/> Is engaging in SGA | <input type="checkbox"/> Is house confined or unable to leave house unassisted because of a physical impairment | <input type="checkbox"/> Has lost a leg because of diabetes or Buerger's disease |
| <input type="checkbox"/> Alleges a fracture or burn | <input type="checkbox"/> Is unable to speak, or to see, or to hear | <input type="checkbox"/> Has lost the use of a leg because of a fractured vertebrae |

Describe changes in condition since work stopped; current condition (including the symptoms and the limitations imposed by the impairment that keep him from working now); and limitations placed by his physician (e.g., bed rest, special treatment, diet, restricted activity, etc.).

54

W/E receives penicillin & streptomycin shots twice a week from his doctor. W/E is not to do any strenuous work. W/E has constant ear & head aches. When his ear & head ache severely he does not feel the neck pain so severely. His neck gets swollen & the pain starts from the back of his neck down to his chest. He gets short winded upon the least exertion.

II
PRO-
GRESSION
AND
CURRENT
CONDITION

DO NOT WRITE IN MARGIN

Describe living arrangements and activities in a typical day. Include the amount of assistance the claimant requires in caring for personal needs.

No assistance with personal needs. W/E spends his days at home relaxing. Received P/A.

CHECK IF ONE OF THE FOLLOWING APPLIES (If one of the items is checked - Omit Section III, Proceed to Section IV.)

- ☐ 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb
- ☐ Arthritis with gross deformity of 2 or more limbs

- ☐ Parkinson's disease with marked tremors or propulsive gait
- ☐ Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- ☐ Other severe, observable limitations
(Describe under Observations (Section IV).)

A. PRINCIPAL JOB (In 15 years before onset)

JOB TITLE		APPROXIMATE DATES WORKED	
TYPE OF BUSINESS OR INDUSTRY	HRS./DAY	DAYS/WEEK	RATE OF PAY \$ PER 55

B. PHYSICAL DEMANDS

1. Lifting	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much in lbs.? _____	How often? _____	How high? _____
2. Carrying	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much in lbs.? _____	How often? _____	How far? _____
3. Pushing/pulling	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much in lbs.? _____	How often? _____	How far? _____
4. Standing	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much time/day? _____		
5. Walking	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much time/day? _____		
6. Sitting	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much time/day? _____		
7. Climbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	How high? _____	How often? _____	
8. Stooping, bending and/or kneeling	<input type="checkbox"/> YES <input type="checkbox"/> NO	How often and/or how long? _____		

C. JOB DUTIES (Describe in specific terms the claimant's duties in a typical workday)

III
VOCA-
TIONAL
DESCRIP-
TION

D. WORKING CONDITIONS (Check appropriate blocks - describe items checked)

<input type="checkbox"/> Dust	<input type="checkbox"/> Noise	<input type="checkbox"/> Exposure to Elements	<input type="checkbox"/> Extremes in Temperature	<input type="checkbox"/> Work Pressure	<input type="checkbox"/> Dampness	<input type="checkbox"/> Other
-------------------------------	--------------------------------	---	--	--	-----------------------------------	--------------------------------

E. REQUIRED SKILLS (Describe all "Yes" answers)

1. Did job require special skills (e.g., blue print reading, use of tools or machinery)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Training required?	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> APPRENTICE <input type="checkbox"/> CLASSROOM
3. Did job require supervising the activities of others? Describe length and type.	<input type="checkbox"/> YES <input type="checkbox"/> NO

F. OTHER JOBS

1. Did claimant's last job before onset involve an occupation different from principal job?
If "Yes," describe, e.g., physical demands, conditions, required skills, job duties, etc. Do not describe jobs of less than one month's duration.

☐ YES ☐ NO

56

III
VOCA-
TIONAL
DESCRIP-
TION

(Cont'd)

2. List by job titles and approximate dates worked, other occupations held in 15 years before onset.
NOTE: If claimant is (a) age 55 or older, and (b) had no more than 6th grade education, and (c) performed only arduous unskilled labor 15 years before onset, list all job titles and dates since work began.

A. PHYSICAL DESCRIPTION (Describe all "Yes" answers)

1. Did claimant display difficulty with any of the following:

Walking ☐ YES ☒ NO
Speaking ☐ YES ☒ NO
Sight ☐ YES ☒ NO

Hearing ☐ YES ☒ NO
Use of hands ☐ YES ☒ NO
and arms

Breathing ☐ YES ☒ NO
Sitting ☐ YES ☒ NO
Other ☐ YES ☒ NO

Describe all "Yes" answers and claimant's general appearance.

Wife was dressed in clothing that was obviously old & worn in places. He was neatly groomed however.

DO NOT WRITE IN MARGIN

IV

OBSER-
VATIONS

B. INTERVIEWER'S IMPRESSIONS

1. Did claimant display difficulty with any of the following? (If "Yes," describe)

Reading ☐ YES ☒ NO
Responding ☐ YES ☒ NO

Writing ☐ YES ☒ NO
Language ☐ YES ☒ NO

Comprehending ☐ YES ☒ NO

EXHIBIT 18

2. Circumstances surrounding interview

Wife alone to interview alone

REPORT OF DISABILITY INTERVIEW
(Write Legibly)

OFFICE

DATE

CONTACT MADE

☒ IN PERSON☐ TELEPHONE

PLACE OF CONTACT

☒ HOME☐ CS☐ OTHER

57

ACCOUNT NUMBER

CLAIMANT'S NAME

WAGE EARNER'S NAME (If not the claimant)

PERSON(S) CONTACTED

☒ CLAIMANT☐ OTHER (If other, show name, address and relationship to a claimant.)

NATURE OF INJURY OR ILLNESS

CURRENT AGE

HIGHEST GRADE COMPLETED

OTHER TRAINING

JOB TITLE (Principal occupation)

TYPE OF BUSINESS OR INDUSTRY

INTERVIEWER'S SIGNATURE

☒ CR☐ FR☐ OTHER

I. ONSET OF IMPAIRMENT

a. DATE INJURY OR ILLNESS FIRST BOTHERED CLAIMANT

b. DATE CLAIMANT STOPPED WORKING

c. AOD

1961

1961

1961

Describe effect of impairment on work when condition first bothered claimant.

- Symptoms
- Job duties
- Working conditions
- Attendance

Describe significant changes (with dates) until work stopped.

- Symptoms
- Job duties
- Working conditions
- Attendance

Give claimant's reasons for stopping work.

Explain if AOD later than date claimant stopped work.

Has claimant worked since the alleged onset date? (If "Yes," complete Form OA-D821.)

☐ YES☒ NO

If any apply, the decision will most likely rest on the medical reports or SGA.

CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked—Do Not Complete pages 2, 3, or 4.)

☐ Is engaging in SGA☐ Alleges progressive cancer☐ Has lost a leg because of diabetes or Buerger's disease☐ Is hospitalized for a condition related to the alleged disability☐ Is unable to speak, or to see, or to hear☐ Has lost use of a leg because of a fractured vertebrae☐ Loss of use of at least two limbs

EXHIBIT NO. 19 (4 pages)

II. PROGRESSION OF CONDITION

Have there been any changes in symptoms, physical limitations, or activities since work stopped? ☒ Yes ☐ No

58

W/E has developed other conditions since he stopped work. He originally stopped because of his back and neck.

If yes, describe all changes in condition (with dates) since work stopped.

III. EFFECTS OF CURRENT CONDITION

W/E gets short of breath & pains in chest. This is getting progressively worse. Has aches in stomach area when he doesn't eat the right foods. Wears elastic stockings on both legs. His legs ache when at night. Get swelling in back in neck and numbness in left arm, especially in the morning. (Edson) any exertion he gets pains up his back. He feels dizzy when bends over.

Describe current condition
☐ Symptoms—Type, frequency, severity
☐ Normal Activity limitation
☐ Other limitations

Physician placed limitations
☐ Bed rest
☐ Special therapy
☐ Diet
☐ Restricted activity
 Etc.

IV. DAILY ACTIVITIES

On P/A. Lives with family.

Describe activities of a typical day
☐ Physical
☐ Mental
☐ Contact with others

Describe assistance required in caring for personal needs.

Describe current living arrangements.

none

CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked—Complete Observations (Section VII) and Omit Sections V and VI Only)

- | | |
|--|--|
| <input type="checkbox"/> Is house confined because of a physical impairment | <input type="checkbox"/> Parkinson's disease with marked tremors or propulsive gait. |
| <input type="checkbox"/> 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb | <input type="checkbox"/> Multiple sclerosis with staggering gait, marked tremors or visual difficulties |
| <input type="checkbox"/> Arthritis with gross deformity of 2 or more limbs | <input type="checkbox"/> Other severe, observable limitations (Describe under Observations (Section VII).) |

If any apply, a description of the impairment and observations are needed to supplement the medical reports.

(If Additional Space Is Needed Use Form OAC-5002)

V. WORK

List all types of work held in before c
☐ Job 1
☐ Appropriate
 List all and dates since claimant began work where c
☐ Is age older
☐ Has reduced less, perfect
 arduous skills

VI. PHYSICAL DEMONSTRATION

A. JOB DEMONSTRATION

B. PHYSICAL DEMONSTRATION

Describe "Yes" terms of
☐ Weight
☐ Distance
☐ Time
☐ Frequency
☐ Etc.

Use space for narrative of physical demands
☐ Items are not appropriate
☐ Supply description of items to be he (e.g., or major assist move weigh

V. WORK EXPERIENCE

List all types of jobs held in 15 years before onset

- Job title
- Approximate dates worked

List all job titles and dates worked since claimant began working where claimant

- Is age 55 or older, and
- Has 6th grade education or less, and
- Performed only arduous unskilled labor

Did claimant's last job before onset involve an occupation different from the principal job?
(If "Yes," describe in Section VI of a separate SSA-401.)

☐ Yes ☐ No

VI. PRINCIPAL JOB (Vocational Description)

A. JOB IDENTIFICATION

APPROXIMATE DATES WORKED	HRS./DAY	DAYS/WEEK	RATE OF PAY OR AVERAGE EARNINGS
			\$ PER

B. PHYSICAL DEMANDS

Describe each "Yes" item in terms of:

- Weight
- Distance
- Time
- Frequency
- Etc.

Use space for narrative description of physical demands where:

- Items above are not appropriate
- Supplemental description of item(s) would be helpful (e.g., human or machine assistance required to move heavy weights.)

1. Lifting	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much in lbs.?	How often?	How High?
2. Carrying	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much in lbs.?	How often?	How far?
3. Pushing/pulling	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much in lbs.?	How often?	How far?
4. Standing	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much time/day?		
5. Walking	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much time/day?		
6. Sitting	<input type="checkbox"/> YES <input type="checkbox"/> NO	How much time/day?		
7. Climbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	How high?	How often?	
8. Stooping, bending and/or kneeling	<input type="checkbox"/> YES <input type="checkbox"/> NO	How often and/or how long?		
9. Describe arm and hand manipulation in terms of (1) degree of coordination needed, (2) whether movements are gross or fine, (3) how often, and (4) how long.				
10. Driving	<input type="checkbox"/> YES <input type="checkbox"/> NO	How often and/or how long?		

VI. PRINCIPAL JOB (Vocational Description) - continued

☐ Dust ☐ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☐ Dampness
☐ No adverse working conditions ☐ Other

60
C. WORKING CONDITIONS

Describe each item checked except "No adverse working conditions"

D. JOB DUTIES
Describe fully each of the duties performed by the claimant in a typical day, including the amount of supervision received.

1. Training—other than on-the-job received ☐ Yes ☐ No 3. Supervision of others required ☐ Yes ☐ No
 2. Special qualifications or skills required ☐ Yes ☐ No

E. REQUIRED SKILLS

Describe all "Yes" answers fully.

VII. OBSERVATIONS

Sight ☐ Yes ☒ No
 Reading ☐ Yes ☒ No
 Responding ☐ Yes ☒ No

Hearing ☐ Yes ☒ No
 Use of hands and arms ☐ Yes ☒ No
 Writing ☐ Yes ☒ No
 Speaking ☐ Yes ☒ No

Comprehending ☐ Yes ☒ No
 Breathing ☐ Yes ☒ No
 Sitting ☐ Yes ☒ No
 Walking ☐ Yes ☒ No
 Other ☐ Yes ☒ No

Check each item to the left to indicate whether or not any difficulty was observed.

Describe fully

- General appearance
- Behavior
- Outward attitude
- Circumstances surrounding the interview
- ALL ITEMS CHECKED "YES."

Drives himself. Came to
 alone height 5'6"
 weight 140 lbs. His
 weight is down 28 lbs.
 W/E is very pleasant &
 cooperative. He wishes
 very much to get off of
 the Welfare rolls.

EXHIBIT

19



**REPORT OF CONTINUING
DISABILITY INTERVIEW**
(Write Legibly)

OFFICE <i>Syracuse, NY</i>	DATE <i>6/19/69</i> 61
CONTACT MADE <input checked="" type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE	PLACE OF CONTACT <input checked="" type="checkbox"/> DO <input type="checkbox"/> CS <input type="checkbox"/> HOME <input type="checkbox"/> OTHER

WAGE EARNER'S NAME <i>William Harkington</i>	ACCOUNT NUMBER <i>134-10-9523</i>	CLAIMANT'S NAME (when claimant is not wage earner)
PERSON(S) CONTACTED <input checked="" type="checkbox"/> CLAIMANT	<input type="checkbox"/> OTHER (If other, show name, address and relationship to claimant)	

INTERVIEWER'S SIGNATURE _____

☒ CR ☐ FR
☐ OTHER

I. MEDICAL CARE AND TREATMENT

Identify all sources that have treated or examined the claimant since the last application or continuing disability investigation, whichever is later.	Has the claimant been examined, treated, or hospitalized since the last application or last continuing disability investigation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete the next item.)	
	NAME, ADDRESS, AND PHONE OF PHYSICIAN, HOSPITAL OR CLINIC	DATES WHEN CLAIMANT SEEN
	<i>Dr Leo Baum</i>	<i>1/69 - 6/19/69</i>
	Describe treatment and limitations placed by the claimant's physician.	<i>Shots administered twice weekly - penicillin & streptomycin, for ear pain & headache</i>
	Describe periods of home confinement • Dates confined • Causative condition	

II. PROGRESSION OF CONDITION

If yes, describe fully all changes in condition (with dates) since last interview.	Have there been any changes in symptoms, physical limitations, or activities since the last interview? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	<i>Tires more easily, back pain increased, pain in chest more severe, SOB. Weight has dropped from 168 to 138 - 78% 5'6".</i>

EXHIBIT NO. 20 (v. pages)

III. CURRENT CONDITION

Has no strength to work. So b. Has
no appetite.

62

Describe in the words of the claimant how his condition currently interferes with his ability to work.

IV. DAILY ACTIVITIES

Does very little, just fathers around home but is mother ^{who} he does even amuse the children, he becomes short of breath.

Describe only the activities of a typical day that have changed since they were last reported.

- Physical
- Mental
- Contact with others

Describe assistance required in caring for personal needs.

V. EFFORTS TO WORK - Has the claimant performed any work since the established onset date that is not described in the file? ☐ YES ☒ NO (If "Yes", complete an OA-D821 for each job)

VI. VOCATIONAL REHABILITATION - Is the beneficiary being considered for or receiving services from or through the State Vocational Rehabilitation Agency?

☐ YES ☒ NO (If "Yes", record (1) the name and address of the counselor and servicing office, (2) the type of services being received.)

VII. OBSERVATIONS - Are the alleged impairment(s) observable? ☐ YES ☒ NO

Sight	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comprehending	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Reading	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Use of hands and arms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Breathing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Responding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Writing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Sitting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
			Speaking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Walking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
						Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Check each item to the left to indicate whether or not any difficulty was observed.

Wears eye glasses. Small dark appearing man, pleasant, cooperative, no visible signs of impairment. Told at length about his various difficulties.

Describe fully

- General appearance
- Behavior
- Outward attitude
- Circumstances surrounding the interview
- All "Yes" checked items above.

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

ACCOUNT NUMBER (and symbol)

William Markington

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

134-10-9523

63

REVIEWING OFFICE

TO: NY P BIR CH SF DBS KC DFC SA

PERSON(S) CONTACTED AND ADDRESS(ES): ☐ WE OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE:

☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE:

☐ OTHER (Specify)

DATE OF CONTACT

6/19/69

SUBJECT:

Attempts were made with HA to discuss possibility of further medical evidence, either of a present nature or for period prior to 6/30/65. Claimant advised he knows of no other evidence prior to 1965 which VA & Dr. Brown have already submitted. He last visited Dr. Brown on 6/19/69 & will not see him again unless dead or else. As per the noted claimant still feels he is an ill man & feels totally unable to work.

We were unable to elicit any further pertinent information regarding his impairment.

Note:

This recorded interview relates to claim filed 12/4/68 & denied 2/13/69.

SIGNATURE

W. C. McVane

DISTRICT OFFICE

Lawrence, Pa

☒ CR ☐ FR ☐ SR ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

6/19/69

PAGE 1 OF 1

DO NOT WRITE IN MARGIN

REQUEST FOR MEDICAL EVIDENCE
TO HOSPITAL OR INSTITUTION

SOCIAL SECURITY
ACCOUNT NO.
134-10-9523 64
SOCIAL SECURITY ADMINISTRATION
DISTRICT OFFICE
840 James St
Syracuse, NY 13203

Crouse-Irving Hospital
820 S Crouse Av
Syracuse, NY 13210

ATTENTION: MEDICAL RECORDS DEPARTMENT

I have applied for a determination of disability under the Social Security Act. Accordingly, I would appreciate your furnishing the office shown above information from your records concerning my hospitalization or treatment. I authorize the release of this information to the Social Security Administration. The information you furnish will be used only for official purposes in administering the old-age, survivors, and disability insurance and pertinent vocational laws.

The Administration does not assume any responsibility for payment of fees for furnishing the information requested. A pre-addressed envelope not requiring postage is enclosed.

SIGNATURE OF PATIENT OR OF PERSON (SHOW RELATIONSHIP) FILING ON HIS
BEHALF

DATE

William Harrington

7/25/67

PLEASE
FURNISH

- A copy of the DISCHARGE SUMMARY which includes history, clinical course, physical and laboratory findings, therapy and response.
- If such a summary is not available, a copy of Admission History, Physical Findings, Laboratory and X-ray findings as well as Final Diagnosis.
- If you cannot furnish copies of your records, please provide a narrative or other summary which includes this information.

NOTE: IT IS NOT NECESSARY TO FURNISH RECORDS OF HOSPITALIZATION OR TREATMENT

PRIOR TO _____

Leave copy but I do not find an admission from 1956 present

1 IDENTIFYING INFORMATION	a. ADMISSION DATE(S) 1959-(about 6 weeks)	b. DISCHARGE DATE(S)	c. (Give any necessary additional identifying data such as Bldg., clinic, patient no., etc.) <i>on this patient.</i> <input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT
	d. NAME (Printed) AND CURRENT ADDRESS William Harrington Smoky Hollow Rd, RD 2 Jamesville, NY 13078		e. BIRTH DATE 2/22/18 f. NAME AND ADDRESS AT TIME OF ADMISSION (If different)

CLINICAL RECORD		NARRATIVE SUMMARY 134-10-9523	
DATE OF ADMISSION 1/9/61	DATE OF DISCHARGE 1/17/61	NUMBER OF DAYS HOSPITALIZED 8	
65			

(Sign and date at end of narrative)

INTERIM SUMMARY - CBOC

HISTORY:

This is the 2nd Syracuse VAH admission of this 41 year old white male with the history of the onset of pain and drainage in the right ear in 1952. This lasted about 6 years and was managed by an Ear Nose and Throat doctor conservatively at the onset. The patient denies earaches as a child. He has never worn a hearing aid or had any ear surgery. His hearing is down about 30 decibels, improved 15 decibels by a patch test in the right ear. Past Medical History is unremarkable except for recurrent swelling in the left neck. Operations and excision of chronic inflammatory nodes were done. No evidence of lymphoma or malignancy.

PHYSICAL EXAMINATION:

B.P. 120/96; P. 80; T. 98. The patient is a well nourished, well developed white male, in no acute distress. Examination of the ears revealed a large central perforation in the right drum. A portion of the anterior annulus cannot be seen. Nose - no discharge or obstruction. Mouth - edentulous. Larynx - cords clean and move well. Nasopharynx - no masses or discharge. Remainder of the physical examination unremarkable.

LABORATORY AND X-RAY DATA:

Admission Kahn reaction, urinalysis and CBC within normal limits.

HOSPITAL COURSE:

The patient had a right myringoplasty and skin graft on 1/11/61. His postoperative course was uncomplicated and all sutures were removed by the 17th of January and the patient was discharged CBOC on that date.

FINAL DIAGNOSIS: 1. Perforated tympanic membrane right ear.
Treated, improved.

Operations: Myringoplasty right ear on 1/11/61.

DISPOSITION: CBOC on 1/17/61.

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN Sidney T. Dana, M.D.	DATE 1/31/61	IDENTIFICATION NO. 13-535 319	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries: Name - last, first, middle; grade, date, hospital or medical facility)		REGISTER NO. A-1986	WARD NO. 78

HARRINGTON, William
VAH Syracuse, New York

NARRATIVE SUMMARY
Standard Form 502
502-103

cla
EXHIBIT NO. 23

TREATMENT AND PROGRESS RECORD

(To be fastened inside treatment folder)

134-10-9523

66

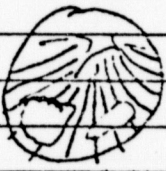

DATE	INITIALS	TREATMENTS AND MEDICATION FURNISHED
1/23/61	P.D.	Ear dry same debris (dried gelatinous) in canal Ret. 1 w.k.
2-6-61		<i>[Signature]</i>
2-6		EAR dry Graft observed by a.s. Left same Ret. 1 mo.
3-6-61		<i>[Signature]</i> ear dry same debris removed from the canal but the main part covering the graft left alone Ret. in one month to see Dr. [Signature]
4-3-61		<i>[Signature]</i> all crusts removed from down which is completely healed & movable Ret. 1 year
5-1-61		<i>[Signature]</i> Anterior inferior perforation seen Today & no drainage. Ret. 2 weeks <i>[Signature]</i>
		DO NOT RECALL ON CBCC BASIS AFTER 1/17/1962
		IF TREATMENT BEYOND THAT DATE IS INDICATED, PATIENT MUST BE READMITTED AS A <u>BED</u> OCCUPANT.
VETERAN'S LAST NAME—FIRST NAME—MIDDLE INITIAL		CLAIM NO.
William Williams		C-13-535-319

10-2575

EXISTING STOCK OF VA FORM 10-2581

ONLY COPY AVAILABLE

EXHIBIT NO. 24 (3 pages)

DATE	INITIALS	TREATMENTS AND MEDICATION FURNISHED (Continued)	134-10-9523
5-15-61			67
		 <p>Slightly draining post-intra-aural 7-8 day post-intra-aural perforation seen.</p> <p>a. d.</p> <p>Neo-hydrotel gtt. started R/U 1 week</p> <p>... D.M.</p>	
5-22-61		Only post-aural perforation seen.	
		Audio -	
6/5/61			
		<p>Posterior (almost central) perforation open, some serum fluid in hypotympanum.</p> <p>will talk C Dr Bradley out in 2 weeks</p> <p>Am</p>	
6-19-61			
		<p>not intra-aural perforation now. Ear is dry. Ret. 1 mo.</p> <p>... D.M.</p>	
7/24/61			
		 <p>A.C. - large amount of debris in apt. Canal - hard masses not seen - middle perforation - masses of debris Ret 3 weeks</p> <p>Adam</p>	

CLINICAL RECORD		FINAL DISPOSITION SUMMARY 134-10-9523
DATE OF ADMISSION	DATE OF DISCHARGE 10/2/61	NUMBER OF DAYS HOSPITALIZED
(Sign and date at end of narrative)		

FINAL SUMMARY:

Middle ear is clear. No evidence of any infection. Mastoid films unremarkable.

DISPOSITION: DISCHARGED MHB FROM CLINIC 10/2/61

EXHIBIT 24

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN S. T. Dana, M.D.	DATE 10/2/61	IDENTIFICATION NO. 13 535 319	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)		REGISTER NO. A-1996	WARD NO. 7S

HARRINGTON, WILLIAM
VAH SYRACUSE, NY

NARRATIVE SUMMARY
Standard Form 502
502-106

*1 copy Syno
filing 11/2/63*

STATE UNIVERSITY HOSPITAL
UPSTATE MEDICAL CENTER

PHYSICIANS RECORD

134-109523

69

Name Harrington, William

Date

KT Record 10/1/67

10/1/67

wt. 71.7 kg (158 lbs) + 365

PT has chronic conduction system
on the (R) side. Has had essentially
only symptomatic treatment.
Will refer to VA Hospital to
Dr. Chinnella for IENT on 2/17/67.
PT has perforated esophagus on (R).
Chest clear.
Heart - Regular rate and rhythm.

DEC 17 1967
HIGH
DISTRICT OFFICE

EXHIBIT NO. 25 (6 pages)

3

WARRINGTON, WILLIAM
R.O.2. SMOKY HOLLOW RD.
JAMESVILLE, N.Y. 13078
M 2 22 18 03 7235V

MED AM

2 13 67

STATE UNIVERSITY HOSPITAL
UPSTATE MEDICAL CENTER

PHYSICIANS RECORD

Name

10
13x1023

Date	<u>Plan</u>
	JTO VAD on 2/17/67 to ENT clinic.
MEDICAD	JUL 17 1967 <u>P.R.N.</u> <u>Dr. J. J. C.</u>
	49 yo w/m with Complaint
	of chest pain.
	At age 14 years he had (1) chest pain,
	more increasing in severity. Onset
	either at rest or when exerting.
	Described as sharp and radiating
	to (1) neck and (1) arm & shoulders.
	Rest relieves the pain in 1-2 hours.
	Also with the precordial he notes the
	chest is painful to touch.
	Also with in back is back
	pain and as shown difficulty moving
	the arm.
	Noted bleeding persists.
	Disa. The above pain is suggestive
	of angina, but dx is doubted by
	long hx and time for relief, also
	associated symptoms.
	Plan - (1) Master's Test ^{PRK} today
	(2) PTC 2 weeks July 31 @ 1
	Stewart
	(3)

49 yo male - persistent chest pain. Master's test at last visit was negative 71 for cardiac disease.

Chest pain continues while pt's resting, also any exertion ↑ pain. Usual source of pain is neck & radiates, C arm radiation.

Doubt myocardial difficulty - sup E odd hr and neg master's test.

PT has no work since 1961 when he was removed from a janitorial job because "he was unable to do the work". No work since 1961 - supported on welfare. He claims he is unable to work because of "severe" arthritis and pain.

Imp - doubt pathology -
 rxn of Valium 5 mg tid po (12/95)
 (3) RTC 20 2 mo. Sept 25/30

ITC-110

MEDICAL

SEP 25 1967

wht (15.1) Temp 36.5

49 yo w/m - persistent chest pain & tiredness. Pain unrelated to activity - getting at even while at rest. Pain begins in the post @ neck, radiates down the

HARKING, WILL AM
R.D.2. SMOKY HOLLOW RD.
JAMESVILLE, N.Y. 13078
M 2 22 18 03 7215V

MED AM

'2 13 67

3, 17 mm.

STATE UNIVERSITY HOSPITAL
UPSTATE MEDICAL CENTER

PHYSICIANS RECORD

Name

13 K-10 72
9523

Date	next to the precordium, lasting variable times. Also describe pain is a heavy chest sensation. In reviewing the old chart the pt had a soft tissue mass (? etiology) in the lower cervical area - no follow-up can be found. This correlates to the cervical pain of the pt. Will repeat the cervical spine!!
	Plan ① X-ray cervical spine ② RTC 1 week (one)
	Oct 2, 1967 <u>discussed</u> @ 100
MEDICAL	OCT 2 1967 weight 67.3 (142) Temp 37.2 44yo with persistent chest pain + cervical pain. Cervical spine film are entirely negative - no evidence of soft tissue masses seen in 1962. Will go to VAH next week for Ear Surgery. Plan ① RTC 4 mo. <u>discussed</u>

41330

Date

MEDICAL

JAN 22 1968

Wght 70.3 (155) Temp 37° 134-104-523

49 yo w/m c persistent C
neck pain.

73

No discharge found c
negative clinical signs.

Pain C occipital region c
radiation downward to C
neck C shoulder region to
C chest.

Not aggravated by motion,
position or activity.
Plan

(1) RTC 4 wk 2-9-68 @ 1³⁰

(2) to be seen in Neuro

2-13-68 Clinic c ? cervical
syndrome:

Attended

EUNELCO CAL

FEB 13 1968

Cancelled, will call.

000 7-15 1 011
HARRINGTON, WILLIAM
302. SMOKY HOLLOW RD
JAMESVILLE, N.Y. 13078
2 22 18 03 7796

JULY
EYE PH
1 22 68

STATE UNIVERSITY HOSPITAL
UPSTATE MEDICAL CENTER

EYE PHYSICIANS RECORD

134-10-9523⁷⁴

Name

Date	JUNE 22 1968	
VA	OD 20/25 ⁻¹	OU 20/20 ⁻³
VA	OS 20/25 ⁺³	
Pt returns for class check		
Wearing	OD -1.25 D sph C -0.50 D ax 135°	+1.50 D add
	OS -0.50 D sph C -1.00 D ax 170°	+1.50 D add
Certificate for auto registration given		
Rtc 1 yr will call		
R. H. Haller / sc / apth		
EXHIBIT 25		

41330

PATIENT'S NAME HARRINGTON, WILLIAM	AGE 49	SEX M	CLAIM NO. C-13 535 319	SOCIAL SECURITY NO. 134 10 9523	WARD NO. 7S	NAME OF HOSPITAL VA HOSPITAL, SYRACUSE, NY
---------------------------------------	-----------	----------	---------------------------	------------------------------------	----------------	---

DIAGNOSES (List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one diagnosis responsible for the major part of the patient's stay.)

ICDA CODE

1. Perforated tympanic membrane.

396.0

75

Major diagnoses noted but not treated

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION

DATE

OK: Tymoplasty.

5/23/67

SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings, course in hospital, treatment given, condition at discharge, date patient can resume pre-hospital activity, recommendations for follow-up treatment, medications furnished at discharge, and competency opinion.)

This was a 49 year old male admitted with 15+ years history of recurrent episodes of infection and drainage from the right ear and a history of myringoplasty in 1961 on the right ear with subsequent breakdown and drainage recurrent. Patient is on a regimen of injections of antibiotics for periodic remission of the disease. He is admitted to this hospital for preoperative evaluation and a possible closure of the infected ear. Past History previously documented. He was in the Army in 1944 to 1945 in the South Pacific. He smokes 1 pack a day. The Family History is unremarkable. He had a tonsillectomy at 19 years of age, hemorrhoidectomy in 1950, removal of a gland to the left neck 10 years ago and a myringoplasty 5-6 years ago. He has no allergies and no drug sensitivity. Review of Systems was essentially confined to the Present Illness. He denies heart problems, lung problems or CNS problems and there is no abdominal symptoms at the present time. Physical examination: He was a well developed, well nourished, middle aged white male in no acute distress. He was cooperative. Head normocephalic with no exostosis or tenderness. The eyes were negative. The left ear was intact with a normal tympanic membrane. The right ear shows a very badly scarred canal wall and perforated tympanic membrane with old chronic drainage present and 2 small perforations just posterior to the long process of the malleolus. The hearing is somewhat diminished in that ear. The remainder of the physical examination was unremarkable. The laboratory evaluation of the patient was also within normal limits, the blood chemistry and white count and urinalysis. The patient was taken to the operating room on 5/23/67 and had a right myringoplasty performed, however, due to the conditions found, the tympanic membrane was not completely closed and the patient was treated essentially to clear up the disease with a closure of the tympanic membrane in the future planned. The patient did well postoperatively and was returned home. He was discharged MHB (PhC) to be followed in the ENT Clinic at frequent intervals.

ADMISSION DATE 4/24/67	DISCHARGE DATE 5/25/67	TYPE OF DISCHARGE MHB (PhC)	INPATIENT DAYS 20	SIGNATURE OF PHYSICIAN WADE V. ROBINETT, M.D. 7S
---------------------------	---------------------------	--------------------------------	----------------------	---

VA Form 10-1000
NOV 1965

EXISTING STOCK OF VA FORM 10-1000,
NOV 1964, WILL BE USED.

HOSPITAL SUMMARY

7/5/67esa

EXHIBIT NO. 26

BEST COPY OBTAINABLE

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

134-10-9523

DATE

6/2/67 ENT Clinic For dry, one 76
weeks post op. says he
is having some sharp pains
in his ear and croaking when
he yawns or swallows.
will see in 4 wks.
Diag ① 4 wks Robert
② cortisone stings the Bld.
Robert

~~6/30/67 ENT~~
7/3/67 ENT. At underment @ Tympanoplasty 5/26/67.
See dictated note by Dr. Robert. Apparently there was a fibrous
union betw. malleus & incus as was expected, not repaired
at that time & pt. will need 2nd procedure later. Pt. is
continuing intermittent pain in ear. No dizziness. Stopped
drops b/c they burned. (P) lg crusts gently removed
from ext. canal. to reveal fairly lg. post. inf. marginal
perf. Mucosa appears dry.
R- skip gts- no H₂O in ear. RTC 1 wk. Call me stat if obvious.
Robert

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Harrington, William
53-53-19
SUAM

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-100

EXHIBIT NO. 27 (6 pages)

BEST COPY OBTAINABLE

DOCTOR'S PROGRESS NOTES
(Sign all notes)

134-10-9523

DATE	
7/10/67	<p>ENT Clinic Cleaned Rt ear. Bone Post. Marginal Perf. Thickened drum hearing fairly good. require drainage at future time</p> <p>This Rt. at Surgery had cholesteatoma in the middle ear. and a fibrous union of mass - Stapes. The T.M. was not closed completely at time of Surg. because of the epithelial ^{cholesteatoma} dissemination ^{dissemination}</p> <p>Dissemination ^{Dissemination} Routt</p>
7/24/67	<p>ENT Clinic</p> <p>NO DRAINAGE SINCE LAST VISIT.</p> <p>Still intermittent pain - NO VERTIGO.</p> <p>Exam/ AD: Canal clean + Dry - Post ing marginal perf. - Rest of the middle ear. Short process of malleus visible. small BCCB on TM behind this - opened. Dry - middle ear clean + Dry.</p> <p><u>Dispi</u> Will continue to follow for pain - RDC 3 weeks.</p> <p style="text-align: right;">P. R. R.</p>

BEST COPY OBTAINABLE 134109523

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

78

DATE

11/29/67

ENT Clinic ? PAN

Completion of course mild post op pain

A.D. - no significant improvement to date -

would feel in line of job. He has

a signed functional recovery -

exam:

Thickened skin (extant graft)

A.D.

no local discomfort -

- no signs of infection -

post

and

- small area of skin erythema 7 mm -

small skin graft

No pain - healing

Imp: Healing post surgery type III

etc. etc. - Healing fast then

2-5-68

ENT

ENT - no pain

no change in skin - healing well - no pain

no pain now -

A.D.

adherent skin, remains firm T.D.

grafted TM in good condition - no signs of infection

due to small amount of post op erythema seen on

in situ but no redness (no infection), skin is healthy

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; date; hospital or medical facility)

REGISTER NO.

WARD NO.

HARRINGTON WILLIAM

DOR 2 22 18

1-4-10-65-23

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

25 VAN SYR NY

ONLY COPY AVAILABLE

IN 91

134-10-9523

79

1. *phlegma*
 2. *met. portat* :
 3. *lumen of pen. force*
 4. *ext. - thin - mobile*

Amici

P.F.F. / M. H.

ONLY COPY AVAILABLE

BEST COPY OBTAINABLE

134-10-9523

AUDIOMETRIC EXAMINATION

(INTERNATIONAL THRESHOLD NORMS HAVE BEEN USED AS REFERENCE)

30

REASON FOR REFERRAL

Air & Bone

NAME OF REFERRING STATION

ENT Clinic

EXAMINER'S INITIALS	AIR CONDUCTION													
	RIGHT							LEFT						
	125	250	500	1000	2000	4000	8000	125	250	500	1000	2000	4000	8000
LMDC	50	55	55	50	50	65	60	20	20	25	25	40	35	20
MASKING LEVEL IN OPPOSITE EAR														
EXAMINER'S INITIALS	BONE CONDUCTION													
	RIGHT							LEFT						
		250	500	1000	2000	4000			250	500	1000	2000	4000	
LMDC		20	30	25	25	20			20 ^M	25 ^M	25 ^M	35 ^M	20 ^M	
MASKING LEVEL IN OPPOSITE EAR									80	80	90	90	100	
EXAMINER'S INITIALS	ELECTRODERMAL RESPONSE													
	RIGHT							LEFT						
		250	500	1000	2000	4000			250	500	1000	2000	4000	
MASKING LEVEL IN OPPOSITE EAR														
AMINER'S INITIALS	SPEECH AUDIOMETRY													
	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES				
	1	2	3	4		1	2	3	4					
RIGHT EAR	52	50			RIGHT EAR	100 ^M				EAR	TWO FREQ.	THREE FREQ.		
LEFT EAR	16				LIST MASKING LEVEL	70				RIGHT				
MASKING LEVEL		60			LEFT EAR	88				LEFT				
					LIST MASKING LEVEL	15								
INTER-TEST CONSISTENCY (RE)					WEBER TEST					INTER-TEST CONSISTENCY (LE)				

REMARKS

LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT

Harrington, William

AGE

49

CLAIM NO

C-12-535-319

SOCIAL SECURITY NO.

134-10-9523

NAME OF EXAMINING STATION OR CLINIC

CPC - Syracuse

SIGNATURE OF EXAMINING AUDIOLOGIST OR PHYSICIAN

LORA

DATE OF EXAMINATION

2/5/68

134-109523

PHONETICALLY BALANCED WORD LISTS (1A - 4A)

C.I.D. W-22

81

90 db		56 db					
EAR <input checked="" type="checkbox"/> RIGHT <input type="checkbox"/> LEFT		EAR <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT		EAR <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT		EAR <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	
LIST 1A		LIST 1A Continued		LIST 2A		LIST 2A Continued	
AN	✓	YOU	✓	YOKE		AND	
YARD	✓	AS	✓	BIN		YOUNG	
CARVE	✓	WET	✓	WAY		CARS	
US	✓	CHEW	[t u]	CHEST		TREE	
DAY	✓	SEE	[s i]	THEN		DUMB	
TOE	✓	DEAF	✓	EASE		THAT	
FELT	✓	THEM	✓	SMART		DIE	
LOVE	✓	GIVE	✓	GAVE		SHOW	
HUNT	✓	TRUE	✓	PEW		HURT	
RAN	✓	ISLE	✓	ICE		OWN	
KNEES	✓	OR	✓	ODD		KEY	
NOT	✓	LAW	✓	KNEE		OAK	
MEW	✓	ME	✓	MOVE		NEW	
LOW	✓	NONE	✓	NOW		LIVE (V.)	
OWL	✓	JAM	✓	JAW		OFF	
IT	✓	POOR	✓	ONE		ILL	
SHE	✓	HIM	✓	HIT		ROOMS	
HIGH	✓	SKIN	✓	SEND		HAM	
THERE	✓	EAST	✓	ELSE		STAR	
EARN	✓	THING	✓	TARE		EAT	
TWINS	✓	DAD	✓	DOES		THIN	
COULD	✓	UP	✓	TOO		FLAT	
WHAT	✓	BELLS	✓	CAP		WELL	
BATHE	✓	WIRE	[l a i r]	WITH		BY	
ACE	✓	ACHE	✓	AIR		AIL	

Masking 50 100%

86%

REMARKS

EXHIBIT 27

NAME	CLAIM NUMBER	DATE	INITIALS OF TESTER
	C.		

LEO BAUM, M. D.

MATTYDALE

100 MATTY AVENUE

SYRACUSE 11 N. Y.

TELEPHONE 64-2261

May 27, 1959

82

134-10-9523

TO WHOM IT MAY CONCERN:

I have been treating Mr. William Harrington for the last five years for very frequently recurring infections in the region of his neck and face. These flare-ups occur periodically, and consist of swelling and tenderness in the region of both sternocleidomastoid muscles alternatingly, in intervals of between three and six weeks.

During the time of the flare-ups the patient runs a temperature, has chills and sweating and severe pain in the infected region. These flare-ups last usually two to three days and leave the patient in a weakened condition.

My tentative diagnosis of congenital (teratological) cysts with incomplete fistulas could so far not be verified, in spite of one surgical exploration which was done by Dr. Gale, and numerous examinations by specialists as Dr. Leon Berman, Dr. Hoople, and Dr. Arthur Ecker. Dr. Ecker in his report of Feb. 4, 1959, suggested "re-examination of the patient in one year to reconsider the advisability of myelography, although the chances that a myelogram would reveal any intraspinal lesion were extremely remote".

Mr. Harrington is also suffering from an old otitis media of the right ear which flares up from time to time, causing bleeding and pus formation, and severe pain. It usually clears up under treatment with large doses of penicillin.

Furthermore, Mr. Harrington is suffering from pain in his muscles and joints, which are possibly the result of a focal infection, as chronic mastoiditis, or retention of pus in fistulas.

As things stand, Mr. Harrington is certainly not employable because of the above mentioned, very frequent flare-ups which make it impossible for him to work during these times. Furthermore, Mr. Harrington is not able to do any exerting work because of attacks of angina pectoris which are elicited by any undue exertion.

In order to establish a definite diagnosis, a thorough observation in a hospital appears to be indicated.

Yours very truly,

LEO BAUM, M.D.

lb/v

EXHIBIT NO. 28

June 10, 1963

Margaret Van Naugkin
Veterans Administration
Chimes Bldg.
Syracuse, New York

134-10-9523

Dear Madam: Re: William Harrington

83

William Harrington has requested a new evaluation of his case in order to apply for a retirement pension on the basis of total permanent disability.

I am referring to my letter of January 30, 1963, to the Veterans Administration, in which I explained the reasons for my opinion that Mr. Harrington is totally and permanently disabled.

The patient's condition has not changed since then. I am treating him again since April 12, 1963, for a flare-up of his otitis of the right ear, and an inflammatory condition with swelling and pain at the left side of his neck. In addition to that he developed symptoms of sciatica, arthritis in various joints of the body, and spasticity of leg and shoulder muscles. He also has symptoms of angina pectoris.

It is my impression that this patient is suffering from a chronic inflammatory process with frequent flare-ups, manifesting themselves in a (non-odorous) discharge from the right ear and swelling of the left side of the neck in alternating intervals.

I am referring to my previous reports of January 10, 1962, and May 27, 1959, in which I expressed my opinion that these regularly recurring inflammations are caused by congenital (teratological) cysts with incompletes fistulas, but I was unable to verify this diagnosis by X-rays and exploratory surgery.

I also repeat my opinion expressed in these reports, that the symptoms of arthritis, sciatica, muscle spasms and angina pectoris are the results of a focal infection as chronic mastoiditis or retention of pus in fistulas and cysts.

My final conclusion, which is based on previous and present findings, is, that William Harrington is employed only in a very limited way, which actually makes him totally and permanently disabled. An early pensioning for medical reasons is therefore urgently advised.

Yours very truly,

LB/v

LEO BAUM, M.D.

EXHIBIT NO. 29

Sept. 12, 1967

Dept. of Health, Education & Welfare
Social Security Administration
Syracuse, New York 13202

RE: WILLIAM HARRINGTON, SR.
Smoky Hollow Road
Jamesville, New York

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
67 SEP 15 AM 8:16
BUREAU OF
CHILD WELFARE

134-10-9523

84

Mr. William Harrington, of Smoky Hollow Road, Jamesville, New York, has had several evaluation reports in the past for disability. The latest report was sent Sept. 27, 1966, stating that Mr. Harrington's condition had not changed since 1963.

(See Exhibit 29)

(See Ex. 28) I have to refer again to my reports of June 10/63, Jan. 10/62, and May 27, 1959, in which I outlined the patient's symptoms, his sickness manifestations and the treatment which he has been given by me.

On May 1967 the patient had another myringoplasty done (same as in 1961) at the Veterans Administration Hospital for the closure of a defect in the right tympanic membrane. No effect on the patient's general condition has resulted from this operation, nor could it be expected.

As outlined in a report to the Veterans Administration on June 10, 1963, I am continuing treating Mr. Harrington for frequent flare-ups of his otitis of the right ear, and an inflammatory condition with swelling and tenderness in the region of both sternocleid muscles occurring in intervals of 3 to 6 weeks accompanied by pain and fever, lasting two to three days, and leaving the patient in a very weakened condition.

I am repeating my previously expressed opinion that those attacks are caused by congenital (teratological) cysts with incomplete fistulas. In spite of numerous examinations by specialists and a surgical exploration this diagnosis could not be substantiated as yet.

The fact, however, remains that these attacks occur with regularity, unless the patient is being kept under treatment with Penicillin and Streptomycin. The flare-ups of muscle and joint-pains as well as the leg-cramps and chest pains (angina pectoris) can be explained on the basis of a focal infection originating from pus retention in fistulas or a chronic mastoiditis.

EXHIBIT NO. 30 (v pages)

William Harrington, Sr. _ 2

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
BUREAU OF
QUALITY INTERVIEWING
85

7137178-9523

It is my opinion that Mr. Harrington is only employable in a very restricted capacity, and only under simultaneous continuation of the injection treatments as mentioned above.

I would prefer to call this kind of a minimal employability "total disability" because of the deteriorating effect, which the unavoidable frequent interruptions of this patient's work will have on his mind.

Yours very truly,

LEO BAUL, M.D.

RECEIVED NEW YORK 13503
1321
LB/v
OFFICE
101101

MEDICAL REPORT
(General)

DATE OF THIS
REQUEST

Notice to Physician:

Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

86

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME <i>William Harrington</i>	DATE OF BIRTH <i>7/22/1918</i>	SOCIAL SECURITY ACCOUNT NO. <i>134-10-9523</i>
	WAGE EARNER'S NAME (If different from patient) <i>same</i>	ADDRESS OF REQUESTING OFFICE <i>Social Security 840 James St. Syracuse, NY 13203</i>	

I. HISTORY: (Give complaints, past and present, clinical course, including therapy and response.)

SYRACUSE, NEW YORK 13203
SEP 14 1967
21101
SSA DISTRICT OFFICE

DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE IMPAIRMENT PRE- VENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINA- TION
			EXHIBIT NO.	<i>31 (2 pages)</i>

III. LABORATORY AND SPECIAL STUDIES: Give results with dates. (Hemoglobin, Hematocrit, Sedimentation rate, Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)

STATE OF NEW YORK
VICTIMS

'67 SEP 15 AM 3:16

87

BUREAU OF
IDENTIFICATION

IV. DIAGNOSES:

1. Frequently recurring attacks of inflammation along the neck-muscles (cause and origin not determined).
2. Chronic mastoiditis.
3. Myositis and Arthritis, possibly caused by focal infection.
4. Angina pectoris of effort.

REPORTING PHYSICIAN'S NAME AND ADDRESS

LEO DAUM, M. D.

Mattydale

Syracuse 11, N. Y.

SIGNATURE

Leo Daum, M.D.

TITLE

TELEPHONE NUMBER

454-2821

DATE

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

William Harrington

PERSON(S) CONTACTED AND ADDRESS(ES):

Leo Baum, M.D.

☐ WE OR SE
PERSON

☐ OTHER
(Specify)

ACCOUNT NUMBER (and symbol)

134-10-9523

83

Syracuse

Attending Physician

General Practitioner

CONTACT MADE:

☐ DO

☐ CS

☐ HOME

☒ PHONE:

☐ OTHER
(Specify)

DATE OF CONTACT

9/27/67

OUT:

315-454-2821

PURPOSE:

To ascertain status of the w/e's condition since 1961.

FACTS:

Dr. States that the w/e has had frequently recurring severe attacks

of infection in his ear for many years prior to 1961 and right up through

the present. These attacks are associated with severe constitutional symptoms

of fever, weakness, nausea, muscle and joint pain. During these episodes the w/e

is totally incapacitated and bed ridden and he requires a series of injections of

antibiotics for control. As soon as infection seems to be under control he begins to

feel better; however within a few weeks time a recurrent infection takes place.

This pattern has been going on for many, many years, dating back to the 1950's. The

doctor states that in recent years the w/e has also been having chest pain which he

considers to be angina due to exertion, however, no EKG confirmation has been obtained.

All EKG's having been normal so far.

CONCLUSION: The level of medical severity and the remaining functional capacity

are not yet conclusive.

NEXT ACTION: Await the report of CEMD that has already been ordered.

Jerome Morey

SIGNATURE

DISTRICT OFFICE

☐ CR

☐ FR

☐ CLAIMS
CLERICAL

REVIEW PHYSICIAN

☐ OTHER (Specify)

DATE OF REPORT

PAGE OF

FORM OAC-5002 (1-67)

JM:js

U.S. GOVERNMENT PRINTING OFFICE 1965 O-759-633

EXHIBIT NO. 32

DO NOT WRITE IN MARGIN

MEDICAL REPORT
(General)

DATE OF THIS
REQUEST

Notice to Physician:

Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

12/4/68
89

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME <i>William Harrington</i>	DATE OF BIRTH <i>2/22/18</i>	SOCIAL SECURITY ACCOUNT NO. <i>134-10-9523</i>
	WAGE EARNER'S NAME (If different from patient)	ADDRESS OF REQUESTING OFFICE <i>500 7th Street N.Y. 10003</i>	
	NAME OF DOCTOR <i>Dr. Leo Baum</i>		

I. HISTORY: (Give complaints, past and present, clinical course, including therapy and response.)

SEE ATTACHED LETTER.*

SEE DIAGNOSES.*

RECEIVED NEW YORK
FEB - 5 1969
2101
SSA DISTRICT OFFICE

DATE OF INJURY OR FIRST SIGNS OF ILLNESS <i>See previous reports -</i>	DATE IMPAIRMENT PRE- VENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS <i>2 weekly</i>	DATE OF LAST EXAMINA- TION <i>2/3/69</i>
--	-------------------------------------	------------------------------------	--	--

FORM SSA-826 (7-67)

EXHIBIT NO. 33 (3 pages)

III. LABORATORY AND SPECIAL STUDIES: Give results with dates. (Hemoglobin, Hematocrit, Sedimentation rate. Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)

90

IV. DIAGNOSES:

1. Frequently recurring attacks of inflammation along the neck-muscles(cause and origin not determined.)
2. Chronic mastoiditis.
3. Myositis and arthritis possibly caused by focal infection.
4. Angina pectoris of effort.

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
Dr. Leo Baum 100 Boulevard St., Mattydale. N.Y. 13221	<i>L. Baum</i> TELEPHONE NUMBER 454-2821	M.D. DATE 1/3/60

LEO BAUM, M. D.
100 MATTY AVENUE
MATTYDALE, SYRACUSE 11, N. Y.
—
TELEPHONE: 454-2821

91

Feb. 4, 1969

134-10
9523

Department of Health, Education & Welfare
Social Security Administration
840 James St.,
Syracuse, New York 13203

Gentlemen:

RE: WILLIAM HARRINGTON

There has not been any change since my last report neither in the condition of Mr. Harrington, or the treatment given to him by me. There have been additional examinations by Dr. Richard Weiskoff who found a spastic condition of the stomach and the duodenum on the basis of X-rays by Dr. Theodore Perl.

Mr. Harrington continues presenting the same symptoms and findings described by me in my report of 9/12/67. I continue treating him with bi-weekly injections of Penicillin and Streptomycin, which is the only way to keep him half-way comfortable. Mr. Harrington has also continued having leg-cramps and chest pains (angina pectoris) making it impossible for him to do any strenuous work. Under these circumstances he is not able to hold any kind of a job, and it is my opinion that he should be considered 100% disabled.

Whether or not this total disability is permanent cannot be decided as long as an active sickness process is causing his disability, and no way so far has been found to eliminate the origin of it, either by surgery or any other kind of treatment.

Yours very truly,

L. Baum

LEO BAUM, M.D.

LB/vd

EXHIBIT

33

PROFESSIONAL QUALIFICATIONS

Physician's Name: Leo Baum

Year of Birth: 1897

Physician's Office Address: 100 Matty Avenue, Syracuse, New York

32

Type of Medical Practice and/or Specialty: General Practice

Subspecialty:

Medical School and Year of Graduation: Medizinische Fakultät der Ludwig-Maximilians-Universität, München, Bayern - 1922

License(s) (show year(s) and State(s), and/or year of certification by National Board of Medical Examiners):

1935

American Specialty Boards:

National Scientific Medical Societies (indicate if Fellow):

Hospital Affiliations (state nature of association, e.g., Chief of Service, Attending Staff, Consultant, etc.):

Professorial or Teaching Appointment(s):

Other Information:

Source(s) of Information (e.g., self; title of directory and page number, etc.):

American Medical Directory - 1967 Edition - page 2641

HARVEY HAYMAN, M. D.

INTERNAL MEDICINE

DEWITT PROFESSIONAL BUILDING

4309 EAST GENESEE STREET

DEWITT, NEW YORK 13214

TELEPHONE: 448-5428

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

68 FEB -9 PM 12: 27

BUREAU OF
DISABILITY DETERMINATIONS
33

7 February 1968

Joseph J. Oliva, M. D.
Chief Medical Consultant
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Mr. William Harrington
Smokey Hollow Road
Jamesville, New York 13078

Dear Dr. Oliva,

Mr. Harrington was seen in my office on 6 February 1968 at your kind referral. His entire medical history starts shortly after his discharge from the armed forces after World War II, when he noted the onset of right ear infection with an intermittently draining right ear. He claims that his right ear has been aching steadily for the past 20 years. Operations to the right ear at the Syracuse VA Hospital include a myringoplasty on 11 January 1961, a tympanoplasty in May 1967, and a further tympanoplasty in November 1967. He claims he has had earaches every day, all day long, for the past 20 years. He takes Darvon Compound and 2 aspirin for pain about twice daily, and although this decreases the pain he is never free from it. He gets shots of penicillin and streptomycin every Tuesday and Friday from Dr. Leo Baum of Jamesville, New York. If he inadvertently postpones or omits one of the shots, his right ear and neck ache worse.

At about the same time he develops this earache he also develops swelling in the posterior neck with radiation to the left lateral neck in the region of the left sternocleid muscle. He had 2 operations on his neck several years ago at different times, which showed "infected glands". The pain in his left neck radiates down into his left anterior chest. This pain is sharp in nature and is not related to food, exertion or emotions. Accompanying the pain in his left neck and left anterior chest is shortness of breath. It is also of note that the area of pain in the left anterior chest is also tender to the touch. He denies orthopnea, paroxysmal nocturnal dyspnea, ankle edema or substernal chest pain. About 20 years ago he noted onset of dyspnea on exertion and walking 4 to 5 blocks. Within the last 3 to 4 years he gets short of breath on walking 1 block. At present he has 1 flight dyspnea. He states that there has been no time during the past 20 years

EXHIBIT NO. 35 (6 pages)

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
7 February -1968-9 PM 12:27
68 FEB -9
BUREAU OF PROBATION
CIVILIAN DETENTION
94

Re: Mr. William Harrington

that he has felt well.

PAST MEDICAL HISTORY: He had the usual childhood diseases.

He denies any other past illness except those mentioned in present illness. Habits: He smokes 1-1/2 packaged of cigarettes per day, does not drink. His present medications include quinine at bedtime for leg cramps, penicillin and streptomycin twice weekly, and Darvon plus 2 aspirin as needed for pain. He claims to have insomnia and sleeps about 6 hours per night. He denies any previous serious injuries. Operations: In addition to myringoplasty as mentioned above he had a tonsillectomy and adnoidectomy at age 28, and inguinal herniorrhaphy, the date of which he does not remember.

FAMILY HISTORY: Father died at age 56 of a stroke and heart

trouble. Mother died at age 66 of heart trouble. One brother, age 59, is living, with emphysema. Two sisters, 52 and 38, are living and well. He denies any family history of hypertension, diabetes, renal disease or cancer.

REVIEW OF SYSTEMS: He has frontal headaches on arising each morning. Sometimes these last all day. He gets lightheaded on straightening up after bending over. Eyes, negative. Ears: See the present illness. Head: No ear drainage since October 1967. Nose, negative. Mouth, negative. Throat: He sometimes notes that food or pills seem to get stuck in his throat. There has not been any change in this symptom over the past several years. Cardiorespiratory system: See the present illness. He denies cough, hemoptysis or pleuritic type pain. Gastrointestinal: He denies nausea, vomiting, diarrhea and constipation. Genitourinary: He denies urgency, frequency, dysuria, nocturia and hematuria. Musculoskeletal: He wears an ace bandage on the left leg because other with the leg aches severely. He has night cramps in the calves of both legs. Constitutional: He denies chills, fever, night sweats or weight loss.

PHYSICAL EXAMINATION: He is a well developed, well nourished, white male who appears neither acutely not chronically ill. He appears to have a very flattened affect. Pulse is 88 and regular, BP 130/90 sitting. Height 5'5-1/2", weight 154#. Skin was clear without eruptions. Head: Normal cephalic and non-tender. Eyes: Pupils were round, regular and equal and reacted well to light and accommodation, fundi were normal. There was full range of extra ocular movement. Ears: Patient can hear normal conversational voice. He has minimal loss of air conduction bilaterally. Weber's lateralized to the right. Left ear canal was clear. Left drum was scarred. Right ear canal was clear. Right drum was scarred with a small perforation anteriorly. Nose: There was no septal deviation or perforation. Throat: Pharynx and tongue were normal. Teeth were in fair repair.

7 February 1968

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
68 FEB-9 PM 12:1

Re: Mr. William Harrington

Neck: Supple and upright. Thyroid and nodes were not palpable. There was a linear scar about 8 cm long along the course of the left sternocleidomastoid muscle. There was also a horizontal scar about 4 cm long in the mid-neck - just below the sternocleidomastoid muscle. Palpation of this area and the rest of the neck revealed no abnormalities. Chest: The chest was symmetrical, diaphragms moved 4 cm with deep inspiration. Lungs were clear to percussion and auscultation. Heart: Regular sinus rhythm. Left border of cardiac dullness was 7 cm from the mid-sternal line and within the left mid-clavicular line. There were no thrills or murmurs. M-1 was greater than M-2. A-2 was greater than T-2. After an electrocardiogram was taken, patient performed 50 vigorous hops. He immediately after this exercise had a pulse of 104 and regular. There was no dyspnea or chest pain noted. Two minutes after this exercise his pulse rate was 84, and he was still asymptomatic. Abdomen: The abdomen was soft and non-tender, liver, spleen and kidneys were not palpable. Genitalia: Normal male. Testes were of normal size and consistency. There were no hernia. Extremities: The extremities were symmetrical. All pulses were palpable and equal. There was no cyanosis, clubbing or edema. Neurologic examination: Within normal limits. Electrocardiogram: Electrocardiogram showed a regular sinus rhythm and a rate of 80 with normal AV and IV conduction. Except for relatively low voltage in the limb leads the tracing was considered to be within normal limits. CBC revealed a hematocrit of 47 vol %, hemoglobin 16.0 gms %, WBC 9,500 with a differential of 64% neutrophils, 23% lymphocytes, 2% monocytes and 1% eosinophiles. Platelets appeared within normal limits. Chest x-ray (PA view), shows normal cardiovascular shadows and the lung fields are clear. Chest x-ray within normal limits.

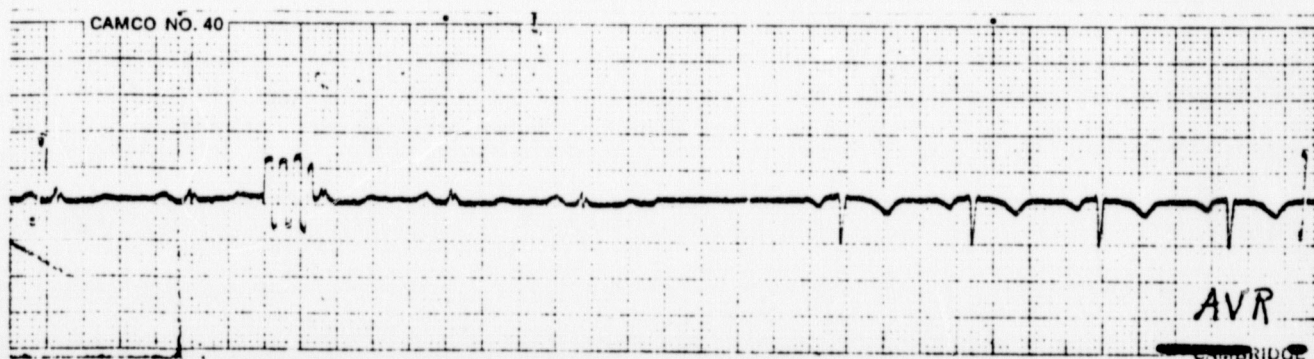
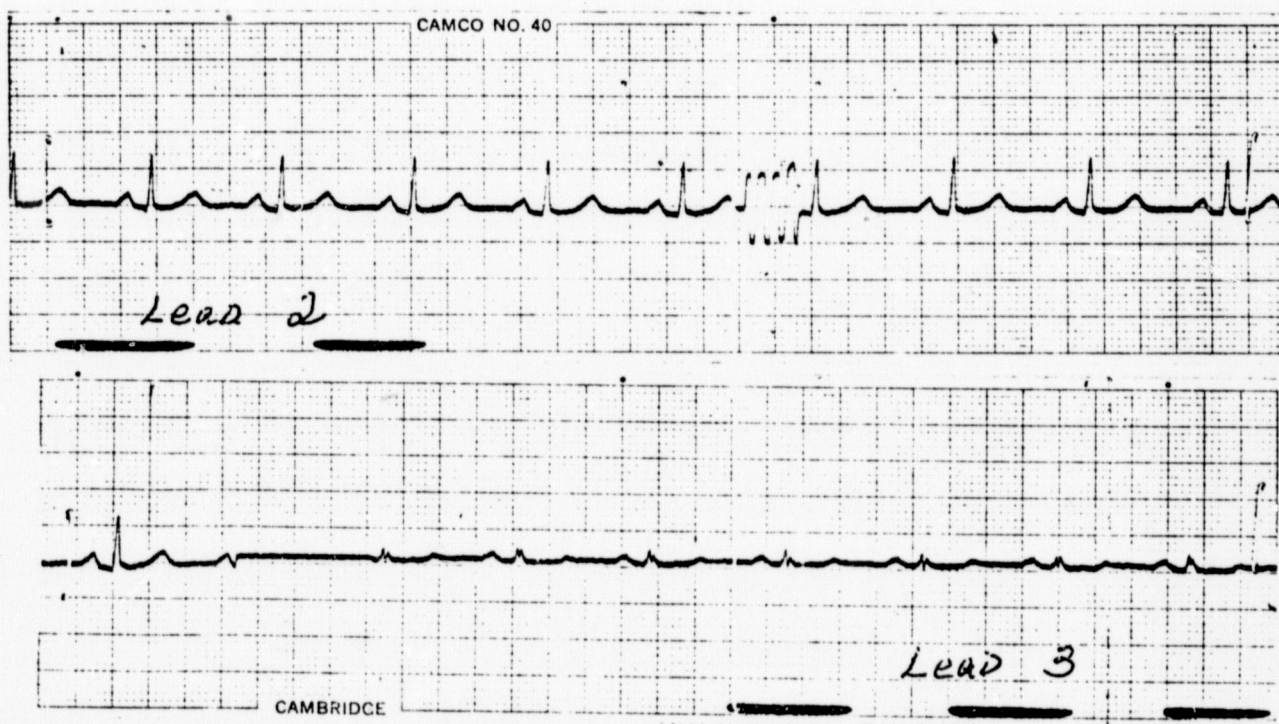
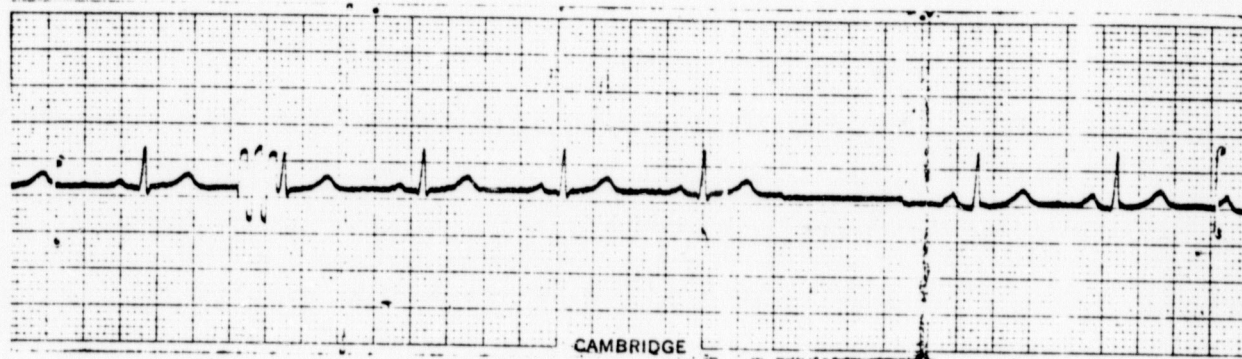
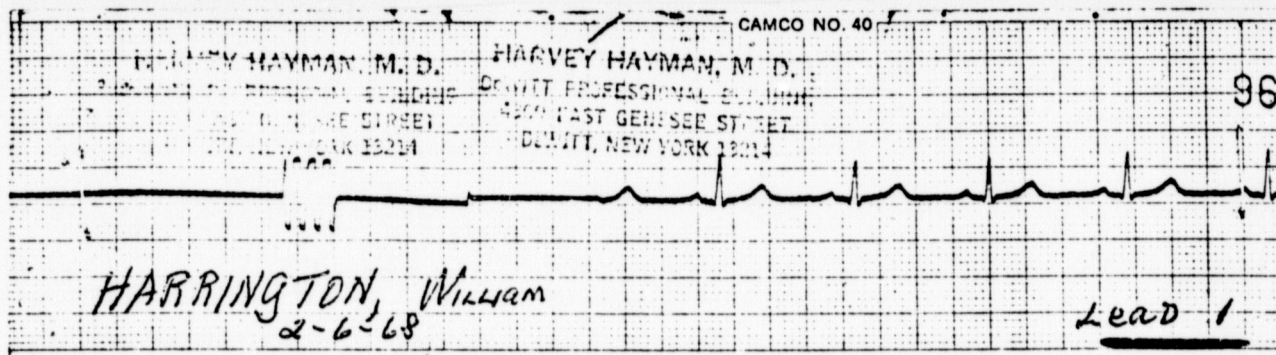
IMPRESSION: Chronic right otitis media with perforation of right eardrum and probable cholesteatoma on the right. It is my impression that this ear disease is minimal and that there is no evidence of disease in the left neck or cardiopulmonary disease. I believe that this man's symptoms are all out of proportion to any organic disease. He has a severe anxiety neurosis which has been disabling for the past several years.

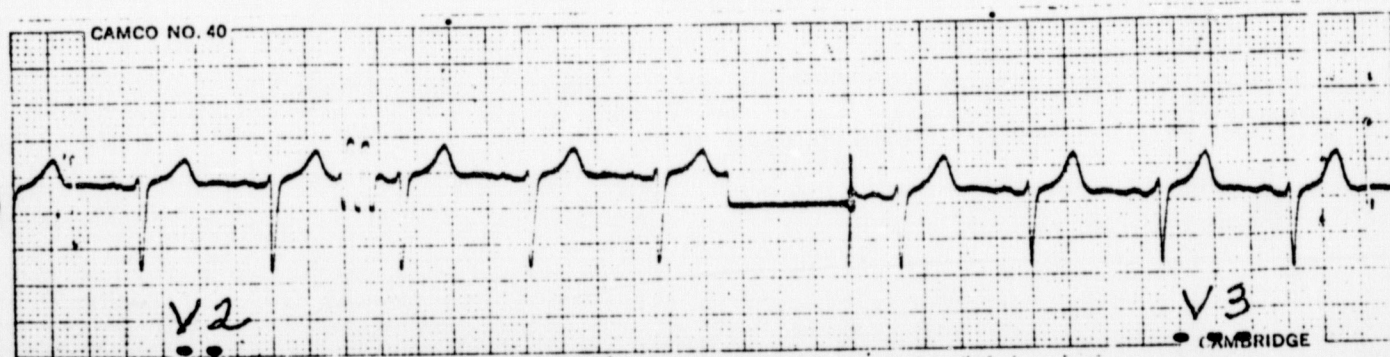
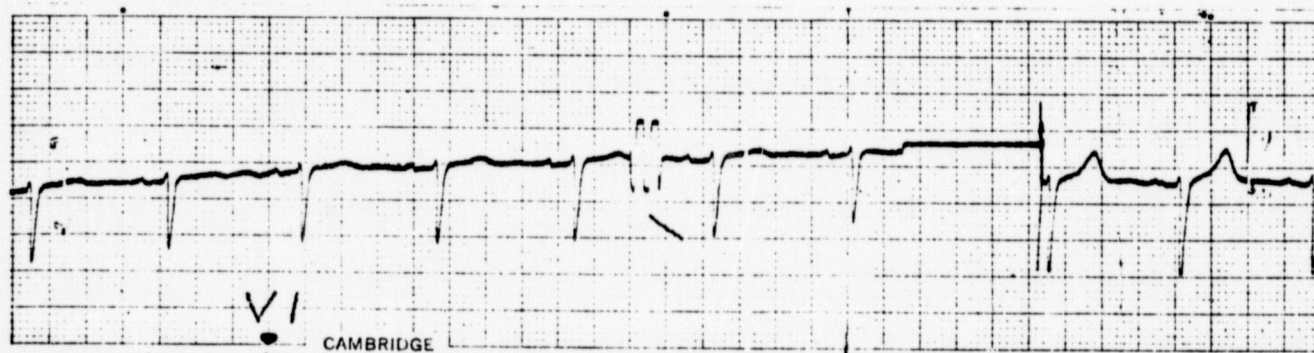
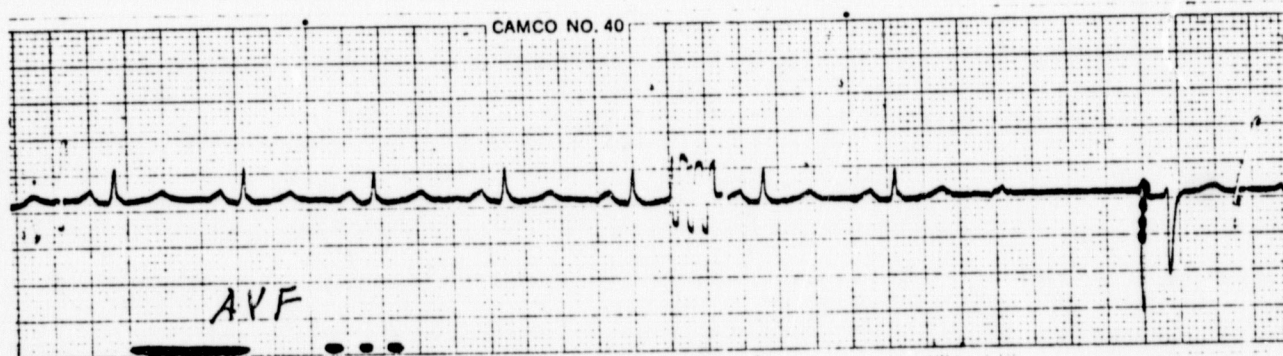
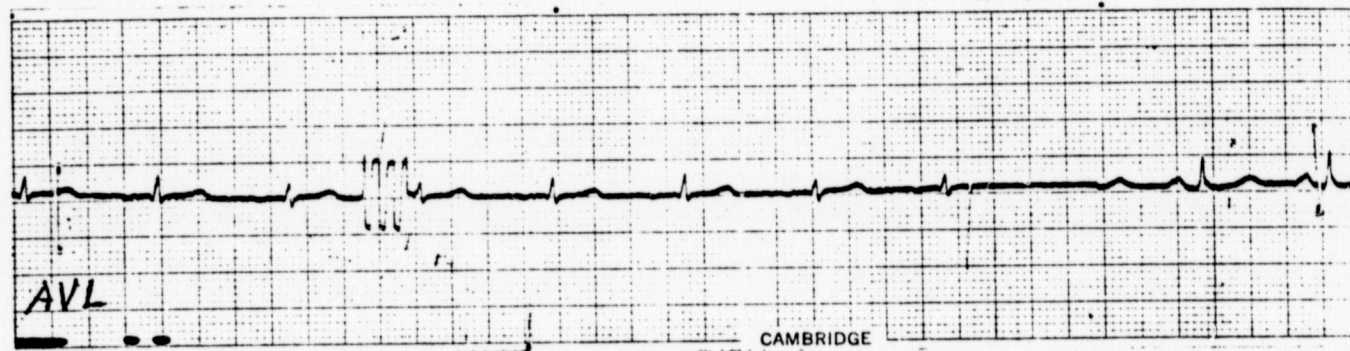
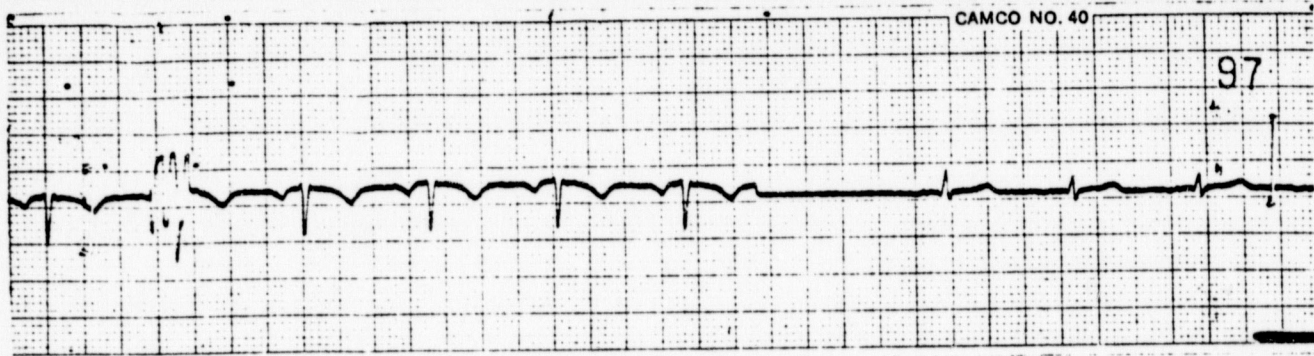
RECOMMENDATION: My recommendation is that he have a psychiatric consultation with view toward treatment.

Yours truly,

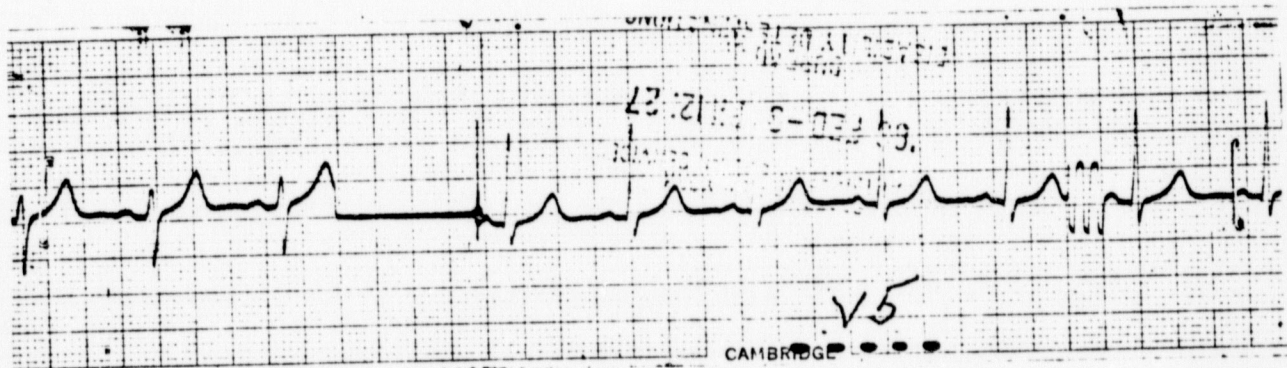
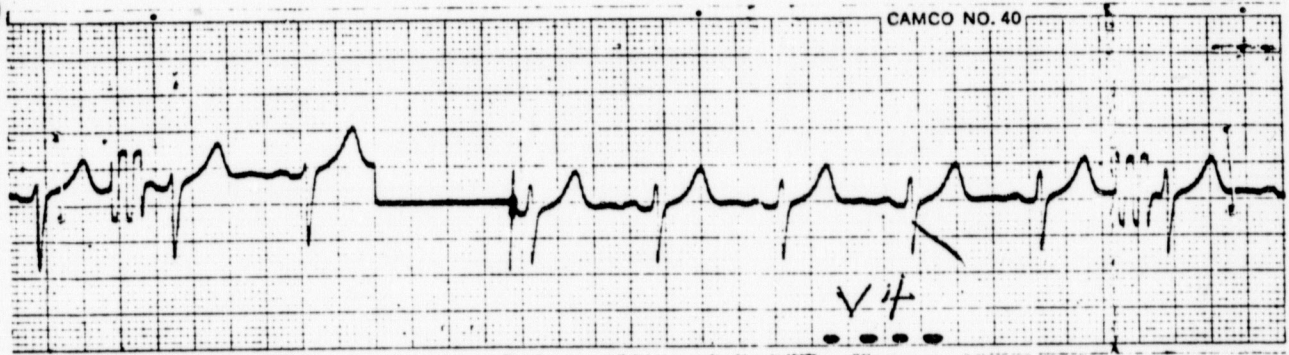
Harvey Hayman, M.D.
Harvey Hayman, M. D.

HH:emk

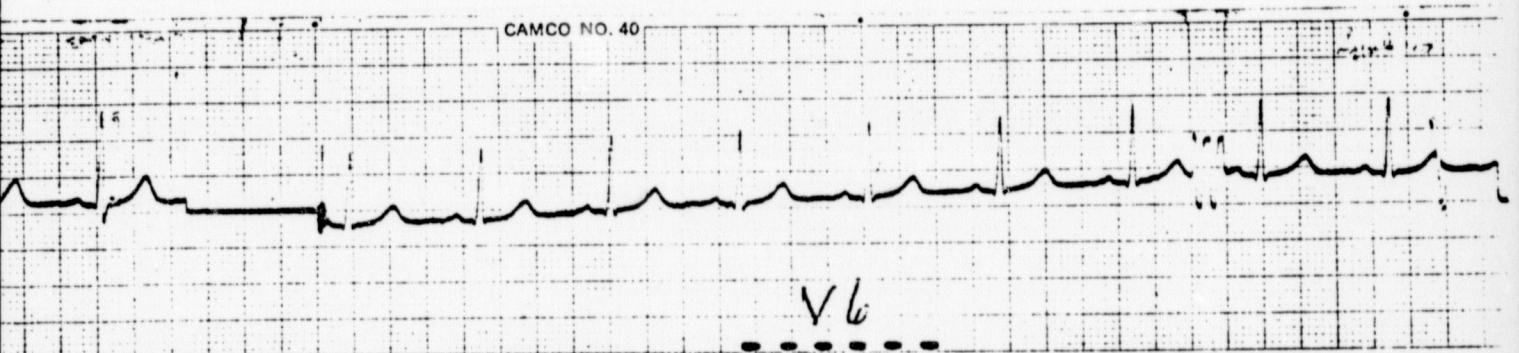




CAMCO NO. 40



CAMCO NO. 40



Harvey Hayman, M.D.

Claimant: William Harrington, NEW YORK
A/N: 134-10-9523
68 FEB -9 PM 12:27

PLEASE ANSWER ALL REF CIRCLED ITEMS

99

1. Date (s) of your examination 6 February 1968
Patient has sharp chest pain (left) which is
2. Date of onset of cardiac symptoms not thought to originate from the heart.
3. Date of onset of angina Patient has no angina.
 - a. Indicate type and amount of exertion necessary to bring on angina _____
Sharp left chest pains are not at all related to exertion.
 - b. State the number of anginal attacks occurring at present: NONE
Daily? _____? Weekly? _____; Monthly? _____
 - c. Severity of attacks: Mild XXXXXXXX; Moderate xxxxxxxxxx; Severe xxxxxxx
 - d. Therapy used: NONE
4. Height 5'5-1/2"
5. Weight 154#
6. Blood Pressure 130/90
7. Is there definite cardiac enlargement based on Roentgen evidence? XXXNo; ☐ Yes,
give interpretation _____
8. Is there definite cardiac enlargement based on physical signs? XXXNo; ☐ Yes,
give findings _____

(over please)

9. Is there evidence of congestive heart failure at present? ☒ No; ☐ Yes.

a. Reversible? ☐ Yes; ☐ No

100

b. Indicate physical signs _____

c. Indicate cardiac medications used during the past 2 months NONE

10. What is the estimated amount and type of exertion necessary to bring on dyspnea?
Walking 1 block or climbing 1 flight.

11. Was dyspnea evident during examination? ☒ No; ☐ Yes, explain _____

Patient was able to hop 50 times without getting dyspneic

12. Is there retinal involvement? ☐ No; ☐ Yes, describe findings including
severity _____

13. Any cerebral involvement? ☐ No; ☐ Yes, describe findings including severity

14. Is there clinical evidence of renal failure? ☐ No; ☐ Yes, describe findings
including severity _____

EXHIBIT 35

Signed _____

Harvey Haysman
~~6 Feb 1968~~

M.D.

Date 6 Feb 1968

PROFESSIONAL QUALIFICATIONS

1. Physician's Name Hayman Harvey
(Last) (First) (Middle)
2. Address 4309 E. Genesee St. 101
DeWitt, N. Y. 13214
3. AMA Membership: ☒ Yes ☐ No
4. Year of Birth (B): 1932
5. Medical Education (ME): State: New York
School: SUNY Upstate Medical Center, Syracuse
Year of Degree: 1958
6. Year of License (L): 1959
7. National Board (NB): ☒ Yes ☐ No
Year: 1959
8. American Specialty Boards (AB): _____

9. Medical Specialties: Internal Medicine

10. Type of Practice (TOP): Full Time Specialty
11. National Scientific Medical Societies: (SS) _____

12. Professorial Appointments (PA): State: _____
School: _____
13. Other Information: _____

14. Sources of Information: American Medical Directory
Edition: 24th Page: 2448
- Other Sources: _____

SHERWIN SETH RADIN, M. D.
731 JAMES STREET
EYRA/CUSE, NEW YORK 10002
TELEPHONE 474-6622

March 8, 1968

Dr. Joseph J. Oliva
Bureau of Disability Determinations
110 William Street
New York, N.Y. 10038

102

Dear Dr. Oliva,

Mr. William Harrington, a 50 year old man, was seen on 3/7/68. He comprehended questions put to him in a coherent and logical fashion. He was orientated in all spheres, and there were no delusions or hallucinations. His responses were appropriated to the ideation and affect. He complained of trouble with his ear, neck, and chest since 1947. He had 3 operations for the ear trouble within the past 5 years and still has aches and headaches. His neck pains him in the left side and puffs up. This was infected and at one time they thought it was a tumor according to the patient. The pain radiates from the neck into the chest area. His symptoms make it difficult for the patient to work. He also has pain in the left leg which makes it necessary for him to wear a bandage. While at time he is tense, this is not to any great degree. He denies fears, depressions, delusions and hallucinations. The primary focus is a somatic one. On serial 7: 100-93-85-78-71-64-46102 -- "02, 02, I can't." The last 4 presidents: Roosevelt, Eisenhower, Truman, Johnson. He claims that his marital situation and childhood were normal. Both of his parents died of strokes and heart attacks. His father in 1945 and his mother in 1963. Patient is proud of the fact that he rarely if ever loses his temper. There are suggestions of strong repression of rage and hostility which probably finds a somatic outlet in his symptoms. His symptoms are consistent with his daily activities. The diagnosis is Psychosomatic reaction. Patient should receive psychotherapy in an attempt to enable him to release repressed hostility and to aid him in the differentiation between assertion and aggression. The degree of improvement to be expected is moderate in personal, social and vocational areas. This might require a moderate period of time. Altho it is possible that rapid results might follow adequate therapy. Patient can manage his own cash benefits.

Very truly yours,
Sherwin S. Radin
Sherwin S. Radin M.D.

EXHIBIT NO. 37

PROFESSIONAL QUALIFICATIONS

103

Physician's Name: Sherwin S. Radin

Physician's Office Address: 731 James St.
Syracuse, N.Y.

Source of Information: Medical Directory of New York State - 1961

Pages: 834 26a - 33a

Medical School and Year of Graduation: Jefferson - 1951

Type of Medical Practice and/or Specialty:

Subspecialty: Psychiatry

Certification by American Boards in Medical Specialties and by
National Board of Medical Examiners:

Diplomate certified by National Board of Medical Examiners
Diplomate, American Board of Psychiatry and Neurology

Specialty Colleges:

Hospital Affiliations: Consulting Psychiatrist, University; Assistant Psychiatrist,
Memorial

Medical Societies: Association for Psychoanalytic Medicine; American Psychiatric
Association (Member); American Orthopsychiatric Association; Onondaga
County & New York State Medical Societies.

Other Information:

MEDICAL TREATMENT AND DEVELOPMENT SUMMARY

WAGE EARNER'S NAME:

ACCOUNT NUMBER

☐ CHECK IF APPLICANT MAY REQUIRE ASSISTANCE

NAME AND ACCOUNT NUMBER OF DISABLED CHILD (If any)

IF CHECKED, SHOW NAME, ADDRESS, PHONE NO., AND RELATIONSHIP OF INTERESTED THIRD PARTY:

104

NAMES AND ADDRESSES OF SOURCES THAT HAVE TREATED THE CLAIMANT SINCE, ON OR SHORTLY BEFORE THE EARLIEST POSSIBLE ONSET.		DATES OF DEVELOPMENT ACTIONS		FOR ALL SOURCES, EXPLAIN IF REPORT REQUESTED IS NOT RECEIVED
1. ATTENDING PHYSICIAN (If none, show "None" here)		ORIGINAL REQ.		w/e going to doctor tomorrow & will follow-up w/e come to Dr. today will get out asap 8/17/67 - surgery on operation on ear. <input type="checkbox"/> REQUESTED BY DO <input type="checkbox"/> NOT REQUESTED - NOT A KEY SOURCE
Leo Brown, M.D. X Methu Ave. Cor. Brynoln, N.Y. Route 11, Methu, N.Y. 454-2821		7/28/67 FOLLOW-UPS 8/3/67 RECONTACTED 8/4/67		
PHONE NO.	DATE OF FIRST AND MOST RECENT EXAM.	FREQUENCY OF VISITS	DATE RECEIVED	
	1960 - 9/25/67			
2. <i>Spina</i>		ORIGINAL REQ.		EXPLAIN: REASON FOR VISITS AND TYPE OF SOURCE
		FOLLOW-UPS		
CLAIM OR CLINIC NO. (If any)		RECONTACTED		
A) DATE FIRST & MOST RECENT EXAMS OR B) DATES OF EXAMS OR HOSPITALIZATIONS	FREQUENCY OF VISITS	DATE RECEIVED		<input type="checkbox"/> REQUESTED BY DO <input type="checkbox"/> NOT REQUESTED - NOT A KEY SOURCE
3. <i>V.A. Hospital Syracuse, N.Y.</i>		ORIGINAL REQ.		EXPLAIN: REASON FOR VISITS AND TYPE OF SOURCE
		7/28/67 FOLLOWUPS		* operation on ear. * " " "
CLAIM OR CLINIC NO. (If any)		RECONTACTED		
A) DATE FIRST & MOST RECENT EXAMS OR B) DATES OF EXAMS OR HOSPITALIZATIONS	FREQUENCY OF VISITS	DATE RECEIVED		<input type="checkbox"/> REQUESTED BY DO <input type="checkbox"/> NOT REQUESTED - NOT A KEY SOURCE
4. <i>Crown Irving Hospital Syracuse, N.Y.</i>		ORIGINAL REQ.		EXPLAIN: REASON FOR VISITS AND TYPE OF SOURCE
		7/28/67 FOLLOWUPS		* operation on neck. Dr. Spina & Dr. Gale operated 8/4/67. w/e then had hospitalization on neck on 8/17/67.
CLAIM OR CLINIC NO. (If any)		RECONTACTED		
A) DATE FIRST & MOST RECENT EXAMS OR B) DATES OF EXAMS OR HOSPITALIZATIONS	FREQUENCY OF VISITS	DATE RECEIVED		<input type="checkbox"/> REQUESTED BY DO <input type="checkbox"/> NOT REQUESTED - NOT A KEY SOURCE
1959 - 6 mths. * 1959 - 6 mths. *		5/2/67		

SIGNATURE OF CLAIMS REPRESENTATIVE FORWARDING THE CLAIM

REQUEST FOR MEDICAL INFORMATION FROM RECORDS OF VETERANS ADMINISTRATION

The veteran named below has filed an application for a period of disability and/or disability benefits under Title II of the Social Security Act and has authorized the Veterans Administration to release to the Social Security Administration any medical information from their records concerning him.

(Be Sure to Indicate Hospital, Clinic, Domiciliary or Regional Office)

TO: VETERANS ADMINISTRATION HOSPITAL

STREET 800 Irving Av

CITY, STATE AND ZIP CODE Syracuse, NY 13210

I. IDENTIFYING INFORMATION (To Be Completed By SSA)

VETERAN'S NAME

HARRINGTON, William

SOCIAL SECURITY NUMBER

134-10-9523

CLAIM NUMBER

C-unknown

105

SERVICE SERIAL NUMBER (If C No. not available)

DATE OF REQUEST

7/25/67

ORIGINATING OFFICE (If not Parallel DO)

840 James St

Syracuse, NY 13203

II INFORMATION NEEDED BY SSA

(Only checked
items are
needed)

A. ☒ HOSPITAL SUMMARIES OR EQUIVALENT INFORMATION

(If veteran is still hospitalized and the period covered by the latest summary ended over 3 months ago, please also furnish response to treatment and current diagnosis and prognosis. If a summary has not been prepared, please furnish history; copy of admission examination, subsequent laboratory reports and examinations; treatment and response; diagnosis; and prognosis.)

HOSPITALIZED AT

Syracuse, NY

DATES **4/61**

4/23/67 (6 weeks)

DATE

B. ☐ EXAMINATION FOR COMPENSATION OR PENSION

DATES

C. ☐ RECORDS OF OUT-PATIENT TREATMENT

D. ☐ STATEMENT OF COMPETENCY TO MANAGE FUNDS

(If summaries or reports furnished do not contain determination of competency to manage funds made within past year, please complete block III B below.)

E. ☐ OTHER SPECIFIC INFORMATION

III VA RESPONSE

A. USE THIS SPACE FOR REPLY TO II E OR FOR OTHER REMARKS:

**Veterans Administration Hospital
Irving Ave. & University Place
Syracuse, N. Y. 13210**

If additional space is necessary, use reverse or attach additional sheet.

B. STATEMENT OF COMPETENCY TO MANAGE FUNDS (Complete only if II D checked above)

THIS VETERAN CONSIDERED
BY THE VETERANS
ADMINISTRATION

☐ COMPETENT TO
MANAGE FUNDS

☐ INCOMPETENT TO
MANAGE FUNDS

THIS DECISION HAS BEEN

DATE OF DECISION

☐ ADJUDICATED BY VA

☐ DETERMINED BY MEDICAL STAFF

SOCIAL SECURITY ADMINISTRATION

District Office

840 James St

Syracuse, N Y 13203

Return to

I certify the above information is taken from the medical records at this station and that all opinions expressed are those of our medical staff.

SIGNATURE OF REGISTRAR, MED. ADM. OFF. OR
DESIGNEE

DATE

7/27/67

TITLE

MEDICAL TREATMENT AND DEVELOPMENT SUMMARY

WAGE EARNER'S NAME

ACCOUNT NUMBER

☐ CHECK IF APPLICANT MAY REQUIRE ASSISTANCE

William Harrington

134-10-9523

NAME AND ACCOUNT NUMBER OF DISABLED CHILD (If any)

IF CHECKED, SHOW NAME, ADDRESS, PHONE NO., AND RELATIONSHIP OF INTERESTED THIRD PARTY:

106

NAMES AND ADDRESSES OF SOURCES THAT HAVE TREATED THE CLAIMANT SINCE, ON OR SHORTLY BEFORE THE EARLIEST POSSIBLE ONSET.

DATES OF DEVELOPMENT ACTIONS

FOR ALL SOURCES, EXPLAIN IF REPORT REQUESTED IS NOT RECEIVED

1. ATTENDING PHYSICIAN (If none, show "None" here)

ORIGINAL REQ.

Dr. Leo Baum MD
100 Blvd St.
Mottville, NY

12/4/68

FOLLOW-UPS

12/31/68
RECONTACTED

Have to w/e

Secretary says Dr. Baum is working on report will bring to my attention again. 1/8/69 w/e spoke to

PHONE NO.

DATE OF FIRST AND MOST RECENT EXAM.

FREQUENCY OF VISITS

DATE RECEIVED

454-2821 ext. 12/3/68 weekly

2/5/69

☐ REQUESTED BY DO

2.

ORIGINAL REQ.

EXPLAIN: REASON FOR VISITS AND TYPE OF SOURCE

Dr. Richard W. Weiskopf
248 E. Genesee St.
Syracuse, NY

FOLLOW-UPS

RECONTACTED

Specialist in hematology and internal medicine treated for ulcers

☐ REQUESTED BY DO

☐ NOT REQUESTED-NOT A KEY SOURCE

A) DATE FIRST & MOST RECENT EXAMS OR B) DATES OF EXAMS OR HOSPITALIZATIONS

FREQUENCY OF VISITS

DATE RECEIVED

10/68 - 11/68

ORIGINAL REQ.

EXPLAIN: REASON FOR VISITS AND TYPE OF SOURCE

Albion State Med Cn.
Syracuse, NY

12/6/66

FOLLOW-UPS

Glenbrook operation

CLAIM OR CLINIC NO. (If any)

RECONTACTED

A) DATE FIRST & MOST RECENT EXAMS OR B) DATES OF EXAMS OR HOSPITALIZATIONS

FREQUENCY OF VISITS

DATE RECEIVED

3/68

12/17/68

☐ REQUESTED BY DO

☐ NOT REQUESTED-NOT A KEY SOURCE

VA Hosp
Syracuse, NY

12/6/66

FOLLOW-UPS

treatment of ear out-patient

CLAIM OR CLINIC NO. (If any)

RECONTACTED

A) DATE FIRST & MOST RECENT EXAMS OR B) DATES OF EXAMS OR HOSPITALIZATIONS

FREQUENCY OF VISITS

DATE RECEIVED

off on in 1968

12/17/68

☐ REQUESTED BY DO

☐ NOT REQUESTED-NOT A KEY SOURCE

SIGNATURE OF CLAIMS REPRESENTATIVE FORWARDING THE CLAIM

doctor yesterday. Dr. says his
 secretary is on vacation. She
 will be back Monday. He
 will try to get it out then.
 W/E has another appointment
 Friday with the doctor.
 He will remind him again.

1-28-69 - Talked personally to
 Dr. Baum - see attached
 report. 10

2/4/69: DR BAUMS SECRETARY PHONED THIS MEDICAL REPORT WILL BE IN
 MAIL TO DAY. "SORRY THERE HAS BEEN SUCH A DELAY ON IT"

MJ Murphy - CR

REQUEST FOR MEDICAL INFORMATION FROM RECORDS OF VETERANS ADMINISTRATION

The veteran named below has filed an application for a period of disability and/or disability benefits under Title II of the Social Security Act and has authorized the Veterans Administration to release to the Social Security Administration any medical information from their records concerning him.

(Be Sure to Indicate Hospital, Clinic, Domiciliary or Regional Office)

TO: VETERANS ADMINISTRATION HOSPITAL

STREET 800 Irving Av

CITY, STATE AND ZIP CODE Syracuse, NY 13210

I IDENTIFYING INFORMATION (To Be Completed By SSA)

VETERAN'S NAME

HARRINGTON, WILLIAM

SOCIAL SECURITY NUMBER

134-10-9523

108

CLAIM NUMBER

C -

SERVICE SERIAL NUMBER (If C No. not available)

DATE OF REQUEST

12/6/68

ORIGINATING OFFICE (If not Parallel DO)

840 James St

Syracuse, NY 13203

II INFORMATION NEEDED BY SSA

(Only checked
Items are
needed)

A. ☐ HOSPITAL SUMMARIES OR EQUIVALENT INFORMATION
(If veteran is still hospitalized and the period covered by the latest summary ended over 3 months ago, please also furnish response to treatment and current diagnosis and prognosis. If a summary has not been prepared, please furnish history; copy of admission examination, subsequent laboratory reports and examinations; treatment and response; diagnosis; and prognosis.)

B. ☐ EXAMINATION FOR COMPENSATION OR PENSION

C. ☒ RECORDS OF OUT-PATIENT TREATMENT

D. ☐ STATEMENT OF COMPETENCY TO MANAGE FUNDS
(If summaries or reports furnished do not contain determination of competency to manage funds made within past year, please complete block III B below.)

E. ☐ OTHER SPECIFIC INFORMATION

HOSPITALIZED AT

DATES

TO

DATE

DATES

off & on in 1968

A. USE THIS SPACE FOR REPLY TO IIE OR FOR OTHER REMARKS:

Clinic visits at ENT clinic from 11/29/67 through 12/16/68 attached.

Veterans Administration Hospital
Irving Ave. & University Place
Syracuse, N.Y. 13210

III VA RESPONSE

If additional space is necessary, use reverse or attach additional sheet.

B. STATEMENT OF COMPETENCY TO MANAGE FUNDS (Complete only if IIE D checked above)

THIS VETERAN CONSIDERED
BY THE VETERANS
ADMINISTRATION

☐ COMPETENT TO
MANAGE FUNDS

☐ INCOMPETENT TO
MANAGE FUNDS

THIS DECISION HAS BEEN

☐ ADJUDICATED BY VA

☐ DETERMINED BY MEDICAL STAFF

DATE OF DECISION

Return to

SOCIAL SECURITY ADMINISTRATION
District Office
840 James St
Syracuse, NY 13203

I certify the above information is taken from the medical records at this station and that all opinions expressed are those of our medical staff.

SIGNATURE OF REGISTRAR, MED. ADM. OFF. OR DESIGNEE

DATE

12/16/68

TITLE

ekb

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

WILLIAM HARRINGTON,

Plaintiff

- vs -

70-CV-106

ELLIOT L. RICHARDSON, SECRETARY
OF HEALTH, EDUCATION & WELFARE,

Defendant

APPEARANCES:

^e
CARLTON B. LAIDLAW, JR.
716 State Tower Building
Syracuse, New York 13202
Attorney for Plaintiff

HON. JAMES M. SULLIVAN, JR.
United States Attorney
Federal Building
Syracuse, New York 13201
Attorney for Defendant

ROBERT E. WILDRIDGE, ESQ.
Of Counsel

EDMUND PORT, Judge

Memorandum-Decision and Order

This is an action pursuant to 42 U.S.C. §405(g) to review a final determination of the Secretary of Health, Education and Welfare denying the plaintiff's claim for disability benefits under the Social Security Act.¹

Plaintiff has moved for summary judgment reversing the Secretary and ordering the granting of benefits. Defendant Secretary has cross-moved for summary judgment dismissing

R105

the complaint on two grounds: first, administrative res judicata in that previous to submission of the claim under review, a prior claim for the same benefits on the same grounds was denied after reconsideration and became final when plaintiff failed to seek review by administrative hearing within the time allowed; in the alternative, the Secretary urges that in any event the denial of benefits was proper on the merits.

Since summary judgment should be granted in favor of the defendant Secretary on the ground that plaintiff's claim is barred by administrative res judicata, it is unnecessary to discuss the alternative ground except to note that the Secretary's decision could not be disturbed in any event as it is supported by substantial evidence.

PRIOR PROCEEDINGS IN THIS COURT

An earlier motion in this action to dismiss on the grounds of administrative res judicata was denied without prejudice.² Such disposition was necessary at that time because defendant had failed to file the Secretary's administrative record of plaintiff's two claims. This rendered the record before me obviously inadequate to decide the res judicata claim.

The Secretary has now filed an answer alleging res judicata, and has supplied the administrative record of plaintiff's claims.

FACTS

The facts are not in dispute. In sum, plaintiff filed two applications for disability benefits with the Social Security Administration.

The first in which he claimed that he had become unable to work in December, 1961, when 43 years of age, due to right ear drum trouble, swelling of the left side of the neck, and pain in his left chest was filed July 24, 1967.

The work history supplied by plaintiff indicated that he served in the Navy in 1944 and 1945, worked as a die castings inspector from 1948 to 1953, and finally, from 1959 to 1961, as a porter, sweeping floors, washing windows, machinery, pots, pans and other items. He states he was discharged in December 1961, the time of the onset of his disability, because he was unable to perform duties inside of a cooler due to ear pain caused by the cold. He did not describe the work done between 1953 and 1959 for which earnings were credited to his Social Security account. It also appears he lives in a rented home with his wife and three sons, can take care of his personal needs without assistance, assists his wife with meals and dishwashing, and receives public assistance. He states he rests during the day because of little sleep at night. He has not been employed since December, 1961.

The medical records presented in connection with the first application documented that in both 1961 and 1967 plaintiff

had had ear drum repair surgery followed by hospitalization and outpatient treatment at the Syracuse VA hospital. Reports of his personal physician detailed ear, neck and pain difficulties for which he had been treating plaintiff from 1954 to 1967, and offered the opinion that since intermittent flareups of these difficulties left plaintiff weak for two or three days, that plaintiff was totally disabled.

On February 6, 1968, an internist examined plaintiff at the request of the agency processing plaintiff's Social Security disability claim. This doctor stated that he found little that was seriously, physically wrong with plaintiff. However, noting that plaintiff's symptoms were all out of proportion to any organic disease, he went on to state that he felt that plaintiff had a severe anxiety neurosis which had been disabling for several years. He recommended psychiatric consultation with a view toward treatment.

On March 7, 1968, plaintiff was examined by a psychiatrist at the administering agency's request. The psychiatrist found claimant was mentally competent. He determined that plaintiff was able to understand coherently and logically, had appropriate responses to ideation and affect, orientation in all spheres, absence of delusions or hallucinations, and had occasional tension, but not to any great degree. He also concluded, however, that plaintiff had a primary somatic focus

and that there were suggestions of strong repression of rage and hostility which probably found outlet in plaintiff's symptoms. His diagnosis was psychosomatic³ reaction. He recommended psychotherapy to aid release of repressed hostility and differentiation between aggression and assertion. He expected moderate improvement in a moderate period of time, with possibly rapid results following adequate therapy.⁴ Neither doctor found the plaintiff disabled to the degree required for "disability" under the Act.

In October, 1967, plaintiff had been notified in writing that his first application was denied. He was advised that he last met the earnings requirements for disability benefits on June 30, 1965, a finding not in dispute. It was concluded that he was not disabled within the meaning of the Act prior to that date. He was further advised in the denial letter that he could request reconsideration within six months. Plaintiff filed a request for reconsideration on January 4, 1968, a little more than two months after the notice.

On March 27, 1968, a notice was sent to plaintiff that upon reconsideration the agency was still of the opinion that his claim should be denied. He was further advised in the same notice that if he felt the agency decision was wrong, he must request a hearing within six months. Plaintiff failed to request a hearing within the six month period, or at any time. He did nothing for over eight months, at which time

he went to the local Social Security Office on December 4, 1968, apparently seeking advice. He states he was told he should file a new application, which he did that date.⁵

This second application was for the same period as the first, alleging the same onset of disability date of December 1961, and governed by the same earnings requirement cut-off date of June 30, 1965. Further, the physical disabling conditions alleged in the second application or in the subsequent course of its processing were the same as before except for some recent ulcer and weight loss problems which were not medically related back to June 30, 1965, or earlier.

Claimant presented no new evidence concerning the period prior to the cutoff date of June 30, 1965. He did present records of both Syracuse VA and State University hospitals regarding outpatient visits in late 1967 and early 1968 for ear and chest pain complaints, as well as an additional report of his doctor which noted another doctor's finding of stomach and duodenal spastic conditions, reiterated his prior reports and stated claimant was 100% disabled.

By letter dated February 19, 1969, plaintiff was advised that his second application was denied on the grounds that it presented the same facts and issues as the first application. The second claim denial letter further advised claimant that he could request reconsideration within 6 months. On June 19, 1969, claimant did so.

Upon reconsideration, which was assigned to a different board than that which had determined the first claim's reconsideration, the denial of the second claim on res judicata grounds was reaffirmed. Plaintiff was notified of this decision and that he could request a hearing within six months. Plaintiff, now represented by counsel, timely requested a hearing. He and his counsel waived their rights to personally appear at the hearing, and requested that a decision be made on the evidence of record.

Upon a record consisting of 42 exhibits, including everything submitted by plaintiff on both of his claims, all of which is now before the court, the hearing examiner found against claimant on two alternative grounds, which he carefully kept separate. He(1) ordered plaintiff's request for a hearing dismissed on the grounds of administrative res judicata,⁶ and (2) in the alternative, decided that on the merits that plaintiff was not entitled to a period of disability or disability benefits under the Act. Plaintiff was notified of the decision and advised that if he desired Appeals Council Review, he must request it within 60 days, which he did. The Appeals Council determined that the action of the hearing examiner was correct and notified plaintiff that he could commence an action for court review within 60 days. Plaintiff retained new counsel, and this suit was timely filed.

DISCUSSION

Plaintiff's second claim was essentially the same as his first, supported by essentially the same evidence. The few additional matters presented with the second claim consisted of outpatient records covering less than two months in late 1967 and early 1968, and a February 1969 notation by claimant's physician of a recent X-ray finding of stomach spasms. It is not claimed the 1969 stomach spasm finding has any bearing on claimant's condition prior to June 30, 1965, the last eligibility date. As for the additional two months of outpatient records, they relate to physical conditions already extensively documented by inpatient records and doctors' reports. They add nothing new or of any material significance. All of the additional material is cumulative or not relevant, and in any event presents nothing that might have led to a different determination if presented initially.

Under the circumstances plaintiff is barred by administrative res judicata.

20 CFR §404.937 provides:

Dismissal for Cause.

The Administrative Law Judge may, on his own motion, dismiss a hearing request, either entirely or as to any stated issue, under any of the following circumstances:

(a) Res judicata. Where there has been a previous determination or decision by the Secretary with respect to the rights of the same party on the same facts pertinent to the

same issue or issues which has become final either by judicial affirmance or, without judicial consideration, upon the claimant's failure timely to request reconsideration, hearing, or review, or to commence a civil action with respect to such determination or decision...(Italics added)

20 CFR §404.916 provides:

Effect of reconsidered determination.

The reconsidered determination shall be final and binding on all parties to the reconsideration unless a hearing is requested in accordance with §404.918 and a decision is rendered or unless such determination is revised in accordance with §404.956.

While plaintiff contends that the second claim was sufficiently different from the first, the facts fail to support the contention. There is substantial evidence in the record to uphold the hearing officer's finding that the "reconsideration determination of March 27, 1968 with reference to claimant's first application is applicable to and binding on claimant's second and pending application because both applications involved the same issues, facts, parties and law, and claimant failed timely to request a hearing with reference to the aforesaid reconsideration determination."⁷

The claimant further argues, however, that since the hearing stage in the first claim was never reached, the principle of administrative res judicata does not apply. While early in the evolution of the case law in connection with the applicability of the principle of res judicata to these

administrative proceedings there was a split of authority and the cases relied on by the plaintiff supported his position,⁸ they no longer can be considered as authority; subsequent developments clearly show the weight of authority to be to the contrary.⁹

The plaintiff also contends that the plaintiff's lack of education and lack of counsel during the six month period in which he failed to request a hearing provide exceptional circumstances exempting him from the operation of the res judicata principle. The facts militate against this conclusion. In spite of his seventh grade education and during a similar lack of counsel, he was sufficiently informed by reason of the notice included in the initial decision to apply for a reconsideration. The same factors which prompted the request for a reconsideration should have operated to initiate a request for a hearing. This excuse appears to be an afterthought rather than a cause of the failure to demand a hearing.

The Social Security Act, 42 U.S.C. §405(b) authorizes the Secretary of Health, Education and Welfare to set by regulation the time for requesting a hearing, and it is firmly established that, in the absence of exceptional factors, administrative finality (or administrative res judicata) forecloses reopening or review of adverse determinations which have become final under the regulations. ...¹⁰

The circumstances pointed out by the plaintiff do

not constitute the "exceptional factors" referred to in Thompson.

Assuming the most charitable stance possible for the plaintiff and considering that the second application for benefits could be considered as an application for reopening, such consideration would serve no purpose. No valid grounds existed for a reopening.

Reopening could only be had upon a finding of good cause.¹¹ Good cause is defined in 20 C.F.R. §404.958.¹² Since no new and material evidence was presented, nor does the record display clerical errors in computation, or a determination based on errors appearing on the face of the record, the reopening provisions are inapplicable.

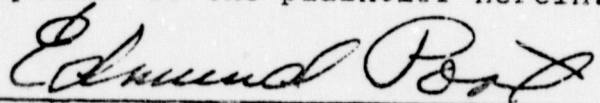
In any event, the disposition on the merits was substantially equivalent to a reopening and the consideration of such additional evidence as was presented.

For the reasons herein, it is

ORDERED, that the plaintiff's motion for summary judgment be and the same hereby is denied; and it is further

ORDERED, that the defendant's motion for summary judgment be and the same hereby is granted; and it is further

ORDERED, that judgment be entered in favor of the defendant dismissing the complaint of the plaintiff herein.



United States District Judge

Dated: December 27, 1973
Auburn, New York

FOOTNOTES

1 Sections 216(1) and 223 of the Social Security Act; 42 U.S.C. §§416(1) and 423.

2 Harrington v. Richardson, 70-CV-106 (N.D.N.Y., Nov. 30, 1971).

3 Psychosomatic--pertaining to the mind-body relationship; having bodily symptoms of psychic, emotional or mental origin. Dorland's Medical Dictionary, 23rd ed., p. 1130.

4 The record does not disclose whether thereafter claimant ever sought the therapy recommended.

5 Even if filing the application dated 12/4/68 was viewed as an application to reopen nothing further need be done since the claim is disposed of on the merits. In addition, grounds did not exist to reopen. 20 C.F.R. §§404.957(b), 404.958.

6 The Secretary, claiming there was no hearing moved to dismiss for lack of jurisdiction. The motion was denied. Harrington v. Richardson, 70-CV-106 (N.D.N.Y., Nov. 30, 1971).

7 Administrative Record of Plaintiff's Claims, p. 14.

8 Gilliam v. Gardner, 284 F. Supp. 529 (D.S.C. 1968); Staskel v. Gardner, 274 F. Supp. 861 (E.D.Pa. 1967); Townend v. Cohen, 296 F. Supp. 789 (W.D.Pa. 1969). See Winter v. Finch, 318 F. Supp. 602 (S.D.N.Y. 1970). See also, Grose v. Cohen, 406 F.2d 832 (4 Cir. 1969).

9 Thompson v. Richardson, 452 F.2d 911 (2 Cir. 1971); Domozik v. Cohen, 413 F.2d 5 (3 Cir. 1969); Leviner v. Richardson, 443 F.2d 1338 (4 Cir. 1971); Craig v. Finch, 416 F.2d 721 (5 Cir. 1969); Gaston v. Richardson, 451 F.2d 461 (6 Cir. 1971).

10 Thompson v. Richardson, 452 F.2d 911, 913 (2 Cir. 1971).

11 20 C.F.R. §404.957(b).

12 20 C.F.R. §404.958 provides:

Good cause for reopening a determination or decision.

"Good cause" shall be deemed to exist where:

(a) New and material evidence is furnished after notice to the party to the initial determination;

footnote 12 cont'd

footnote 12 cont'd

(b) A clerical error has been made in the computation or recomputation of benefits;

(c) There is an error as to such determination or decision on the face of the evidence on which such determination or decision is based.